6845 Woonsocket, Canton MI 48187 – Fax: 734-416-0650 – Email: centermass@comcast.net

HOST AGENCY AGREEMENT

This document sets forth the points of agreement and understanding between any individual, private entity, or government agency hosting one of our training events.

1. It is understood that after signing this agreement the host agency SHALL not cancel or re-schedule an event or school, for any reason other than an obvious emergency situation, without the expressed written consent of Center Mass, Inc..
   - Our students attend our schools from all over North America and cannot afford to loose non-refundable airfare, lodging fees, and other costs due to a last minute cancellation of a school. Not to mention the individual and organizational scheduling and coordination issues involved.
   - Center Mass, Inc. reserves the right to cancel any program due to low enrollment (12 or fewer paying students) or unforeseen issues.
2. The host agency also agrees to the following:
   - Assist in the marketing of the event/school by:
     a. Putting out a pre-formatted teletype provided by Center Mass state wide.
     b. Notifying surrounding agencies of the up coming event via letter or fax.
   - Providing necessary support to run the school.
     a. An appropriate sized class room facility with corresponding seating.
        i. Audio visual aids: TV, VCR, LCD projector.
     b. A safe/appropriate sized Shooting range and range supplies to include target stands, targets, backers, staplers, staples, first aid kit and drinking water.
3. Center Mass agrees to hold the host organization harmless in the event one of our instructors or range hands are injured during the conduct of a school or event.
4. The host organization receives at least two (2) free slots to the event they are hosting.

The _____ agrees to the points listed
Host Organization Name

above and will host the following program, school or event, _____
Name of school or event

at following location, _____
Name & Address where the event will be held.

starting on, _____ , _____, _____ and ending on, _____,
Month Day Year Month

_____ , _____.
Day Year

_____
Print name of authorizing representative

_____ _____
Signature of authorizing representative Date