

DROPSTONE OUTFITTING RESERVATION FORM

Please complete and return along with your non-refundable **\$200** deposit; the balance is due **30 days** before the trip's starting date.

Mail to: Dropstone Outfitting, LLC
P.O. Box 1303
Choteau, MT 59422

Labor-Day Yoga Getaway with Becca Hanna CYT, E-RYT ~ August 29 – September 1, 2014

Name: _____
(Please Print)

Address: _____
(Street or Box Number) (City, State, Zip)

E-mail address: _____

Please give us BOTH your home and cell telephone numbers: (H) _____ (C) _____

Rental Package? Yes _____ No _____

Age: _____ Height: _____ Weight: _____ Blood Pressure: _____/_____ Resting pulse rate: _____

Are there any **health, allergies, or physical concerns** we should know about?

If you have a history of any heart related medical conditions, major operations/surgeries, asthma, COPD, or diabetes, please explain in detail. You may use the reverse side of this form if you need more space.

Please list medications you are currently taking and describe what they are for.

Do you have any special dietary needs? _____
(vegan, vegetarian, gluten intolerance etc.)

Familiarity with Yoga and recent backpacking/hiking experience:

Contact in case of an emergency:

(Name) (Phone numbers) (Relationship)

First-time applicants: what physical activities do you engage in on a regular basis?

RELEASE AND ASSUMPTION OF RISKS: I UNDERSTAND THAT WILDERNESS TRAVEL MAY BE HAZARDOUS. COMMUNICATIONS TO THE OUTSIDE WORLD ARE LIMITED. WEATHER AND TRAIL CONDITIONS ARE NOT PREDICTABLE, AND STEEP TERRAIN WILL BE ENCOUNTERED. I WARRANT THAT I AM IN GOOD HEALTH, AM ABLE TO PERFORM VIGOROUS EXERCISE AND AM ABLE TO TOLERATE THE CONDITIONS THAT MAY BE ENCOUNTERED. PURSUANT TO THE MONTANA RECREATION RESPONSIBILITY ACT (MONTANA CODE 27-1-751-753), I WILL NOT HOLD DROPSTONE OUTFITTING, LLC OR ITS AGENTS RESPONSIBLE FOR INJURIES OR DEATH THAT MAY OCCUR ON THE TRIP OR AS A RESULT OF IT.

(Signature) _____ 201 _____