



**DROPSTONE**  
OUTFITTING

# Dropstone Outfitting LLC Reservation Form

- ❖ Please complete and return with your **non-refundable \$400** deposit; the balance is due **by May 15<sup>th</sup>**, *and is non-refundable at this point.*
- ❖ We encourage the purchase of **Trip Insurance** in the event you need to cancel your reservation due to unforeseen circumstances. We recommend either the Gold or Platinum Plan by *TravelGuard*.
- ❖ The American Alpine Club (\$80 per year) provides members up to \$10,000 in rescue service reimbursement in the event of remote emergency evacuation. Visit American Alpine Club at [www.americanalpineclub.org](http://www.americanalpineclub.org) to learn more.
- ❖ Mills Wilderness Adventures (Tucker Mills, Outfitter #1972 with the State of Montana) is the Outfitter on Record for all fishing related activities.

**Mail Reservation Form to:** Dropstone Outfitting, P.O. Box 1515, Choteau, MT, 59422

I would like to take the \_\_\_\_\_ trip from \_\_\_\_\_ to \_\_\_\_\_, 201\_\_\_\_.

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 \_\_\_\_ (What items? \_\_\_\_\_)

Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Blood Pressure: \_\_\_\_ / \_\_\_\_ Resting pulse rate: \_\_\_\_

Please **mark** any of the following conditions that may apply to you: ***If you mark any of these conditions, please use the backside of this form to explain, including date of last episode.***

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Heart related medical conditions | <input type="checkbox"/> Asthma or Allergies    | <input type="checkbox"/> Diabetes     |
| <input type="checkbox"/> Major Operations or Surgeries    | <input type="checkbox"/> COPD                   | <input type="checkbox"/> Neuropathy   |
|   | <input type="checkbox"/> Any foot or leg issues | <input type="checkbox"/> Other: _____ |



Are there any **other** health, allergies, or physical concerns we should know about? If yes, please explain on the back of this form

Do you carry an epi-pen? If yes, please explain on the back of this form and tell us **where you plan to keep it during the trip**

Please list any current medications and what they are for.

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Do you have any **dietary needs or preferences** we should be aware of? (vegan, vegetarian, gluten intolerant etc.)

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Recent backpacking/hiking experience: \_\_\_\_\_

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

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Contact in case of an emergency:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone numbers)

\_\_\_\_\_  
(Relationship)

**RELEASE AND ASSUMPTION OF RISKS:**

YOU 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. YOU WARRANT THAT YOU ARE IN GOOD HEALTH, ARE ABLE TO PERFORM VIGOROUS EXERCISE AND ARE ABLE TO TOLERATE THE CONDITIONS THAT MAY BE ENCOUNTERED. **BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING YOUR LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER, DROPSTONE OUTFITTING, LLC OR ITS AGENTS, INCLUDING TUCKER MILLS (OUTFITTER # 1972), LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING FROM RISKS INHERENT IN THE SPORT (INCLUDING FISHING) OR RECREATIONAL OPPORTUNITY OR FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE (PURSUANT TO THE MONTANA RECREATION RESPONSIBILITY ACT [MONTANA CODE 27 - 1 - 751 - 753]).**

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(Signature)

\_\_\_\_\_  
(Date)

