



DROPSTONE
OUTFITTING

Dropstone Outfitting LLC Reservation Form

2020 Covid-19 rendition

- ❖ Please complete and return with your **\$400** deposit; your trip balance is due two weeks prior to trip start date. We accept checks, cash, ACH payments via invoicing and credit cards. Credit cards can be taken over the phone and will be charged a 3% convenience fee.
- ❖ **Cancellation Policy:** Deposits are non-refundable. Trip balances are due two weeks prior to trip start date and are non-refundable after that point. **We do not give refunds for any reason unless we cancel the trip.** This includes but is not limited to; route changes due to wildfires, smoke, floods, trail conditions, or unprecedented weather events. We do not give refunds if personal health inhibits you from participating on a trip *including exposure to an airborne virus or illness*. Because of this, **we STRONGLY recommend purchasing trip insurance.** We recommend [World Nomads](#), Global Rescue's [Signature Travel Insurance](#) or [TravelGuard](#). By signing the Release and Assumption of Risk, you are acknowledging that you understand the Cancellation Policy.
- ❖ State of Montana Outfitting License: Dropstone Outfitting/Margaret Carr #37133

Mail Reservation Form to: Dropstone Outfitting, P.O. Box 1515, Choteau, MT, 59422
or scan and email to: info@dropstoneoutfitting.com

I would like to take the _____ trip from _____ to _____, 202__.

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: _____ Resting pulse rate: _____

ALS#: _____ **(if you are intending on fishing during the trip)**
Conservation and fishing license must be with you at all times during trip. Call if you have questions.

Please **mark** any of the following conditions that may apply to you: ***If you mark any of these conditions, please use the back 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: _____ |

Is there anything that we should know about that may affect your ability to participate in this trip? Please include general health, allergies, physical concerns, or anything else we should know about. Explain on the back of this form if you need more space.

Do you carry an epi-pen? Or any other medication that would be necessary in an emergency? 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.

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

Recent backpacking/hiking experience:

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

First-time applicants; how did you hear about this trip?

Contact in case of an emergency:

(Name)

(Phone numbers)

(Relationship)

PLEASE READ CAREFULLY!

MONTANA LAW SPECIFICALLY LIMITS LIABILITY TO OUTFITTERS FOR BACKCOUNTRY TRIPS AND OTHER RECREATIONAL ACTIVITY

I have been fully advised that under Montana law, when I participate in a recreational activity such as this backcountry trip with Dropstone Outfitting, I assume the inherent risks of everything associated with a backcountry trip. I also agree that I, and not Dropstone Outfitting, am legally responsible for all injury, death, or property damage that I may sustain during this trip with Dropstone Outfitting resulting from the inherent risk associated with backcountry trips. By agreeing to participate in this backcountry trip and signing below, I acknowledge that I understand this law and am fully consenting to this Montana law. The exact law I am consenting to, and to which I agree, states:

Montana Code Section 27-1-753. Limitation on liability in sport or recreational opportunity.

(1) A person who participates in any sport or recreational opportunity assumes the inherent risks in that sport or recreational opportunity, whether those risks are known or unknown, and is legally responsible for all injury or death to the person and for all damage to the person's property that result from the inherent risks in that sport or recreational opportunity.

(2) A provider is not required to eliminate, alter, or control the inherent risks within the particular sport or recreational opportunity that is provided.

(3) (a) Sections 27-1-751 through 27-1-754 do not preclude an action based on the negligence of the provider if the injury, death, or damage is not the result of an inherent risk of the sport or recreational opportunity.

(b) This section does not prohibit a written waiver or release entered into prior to engaging in a sport or recreational opportunity for damages or injuries resulting from conduct that constitutes ordinary negligence or for risks that are inherent in the sport or recreational opportunity.

(c) Any waiver or release for a sport or recreational opportunity must: (i) state known inherent risks of the sport or recreational opportunity; and (ii) contain the following statement in bold typeface: By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport 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.

(d) Any waiver or release for a sport or recreational opportunity may still be challenged on any legal grounds.

(e) Any waiver or release for a sport or recreational opportunity executed in compliance with this section is not prohibited by or subject to the provisions of 28-2-702.

(4) Sections 27-1-751 through 27-1-754 do not apply to a cause of action based on the design, manufacture, provision, or maintenance of sports or recreational equipment or products or safety equipment used incidental to or required by the sport or recreational activity.

WAIVER, RELEASE AND ASSUMPTION OF RISKS

Additionally, in consideration of being allowed to participate in the activities of Dropstone Outfitting, I also agree to the following Waiver & Release:

1. I acknowledge and understand that no warranty, either express or implied, is made by Dropstone Outfitting, LLC, in connection with this trip.
2. I acknowledge that backcountry trips have inherent risks, hazards, and dangers that cannot be eliminated, particularly in a wilderness environment. My involvement with this trip exposes both me and my property to dangerous conditions, risks and hazards, including - but not limited to – changing weather conditions, falls, dangerous animals including grizzly bears and mountain lions, poisonous snakes, insects and spiders; falling trees, poisonous plants or other hazardous plant conditions; erosion, rocks, slippery conditions, holes in the ground, obstructed pathways, and other general conditions of the land, creating rough, hazardous and dangerous walking conditions; deep or rushing water. I hereby state that I am aware of these facts and assume all such dangers, risks and hazards no matter the circumstances.
3. I hereby release and agree to protect, indemnify and hold harmless Dropstone Outfitting, LLC, and their respective heirs, agents, employees and assignees, from and against any and all claims, demands, causes of action and damages, including attorneys' fees and costs, resulting from any injury, damage, accident, incident or occurrence incidental to or in any way resulting from the backcountry trip with Dropstone Outfitting, LLC.

By signing this document I understand that I may be waiving my legal right to a jury trial to hold Dropstone Outfitting, LLC legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages I may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

*By signing this, you are also acknowledging that you understand our cancellation policy

Participant Printed Name: _____

Signature: _____ Date: _____

FOR PARTICIPANTS UNDER THE AGE OF 18:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as to all matters provided above.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

ADDENDUM

Dropstone Outfitting Participant Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement for Coronavirus

I expressly acknowledge that naturally occurring disease processes (including but not limited to the currently widespread Coronavirus) occur in all environments in which this activity will take place. I acknowledge that, while Dropstone Outfitting has taken reasonable measures to avoid contact, transmittal or contamination of the viruses between people (including guests/ participants, employees and other third parties), it is ultimately my responsibility to safeguard myself and others. I understand and agree that, if I choose to participate in this activity, that Dropstone Outfitting cannot and will not have any legal liabilities towards me if I contract any virus. Additionally, if it is determined that I acted negligently or unreasonably and was responsible for the Coronavirus (or any disease process) to other Dropstone Outfitting participants or employees or third parties, that I may be held legally and financially responsible for that transmittal.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT.
I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Participant Signature: _____ Printed

Name: _____

Address: _____ City: _____

State: _____

Postal Code: _____ Country: _____ E-mail

Address: _____

Phone #: _____ Date: _____