



## Troutwater Shuttle Form

Trip Date:

Last Name:

Phone Number:

First Name:

Cell Phone:

Street:

Email:

City:

Notes:

State:  Zip Code:

Type of vehicle:

Vehicle Year:  Vehicle color:

Vehicle license plate number:

Trailer license plate number:

Insurance Company:

Put In Location:

Take out location:

Key location:

Leave key location:

Put in time:  Take out time:

I, the under signed Customer, named above, certify that I have read, understand, and agree with the Limitation of Liability written below.

Limitation of Liability: It is agreed by the Customer and Troutwater Fly Shop, LLC that any and all damage resulting from the vehicle shuttle requested will be paid for by the owner of the vehicle being shuttled or by the motor vehicle insurance policy of the owner. Troutwater Fly Shop accepts no liability for damages resulting from the shuttle or for lost or stolen items left in vehicles or boats during shuttles.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_