**2018 FISHERMAN INFORMATION/CONTRACT**

**T. PHILLIP & CHELSEA BOWERS**

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 **(406) 223-1108**

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**MONTANTA LICENSED OUTFITTER #6049**

LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE PRINT)

MONTANA LICENSE INFO:

BIRTHDATE: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ALS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_

ZIP: \_\_\_\_\_\_\_\_\_\_

PHYSCIAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_

ZIP\_\_\_\_\_\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY PHONE #: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEIGHT: \_\_\_\_\_\_\_\_HEIGHT: \_\_\_\_\_\_\_EYE COLOR: \_\_\_\_\_\_\_\_\_\_HAIR COLOR: \_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS OR PHYSICAL AILMENTS WE SHOULD BE AWARE OF (SUCH AS?

ALLERGIES, DIABETIC, HIGH BLOOD PRESSURE, HEART CONDITION, SEIZURES, AIDS, ETC.)? (SHOULD THIS

INFORMATION CHANGE BEFORE YOUR HUNT BEGINS YOU HAVE AN OBLIGATION TO INFORM

LWGS). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY FOOD ALLERGIES? \_\_\_\_\_\_\_\_\_IF YES PLEASE LIST:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FISHING:**

A 50% DEPOSIT IS REQUIRED TO SET YOUR FISHING DATES ASIDE. THIS DEPOSIT IS REFUNDABLE ONLY IF YOUR TRIP IS CANCELLED 30 DAYS PRIOR TO YOUR FISHING TRIP DATE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FLOAT/FISH TRIP COST

-\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPOSIT

+ $5/a day MONTANA NON-RESIDENT HUNTER/ANGLER DEFENSE FUND

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TOTAL

**LWGS’S 2018 FISHING TRIP SERVICE AGREEMENT DOCUMENT**

This needs to be carefully read. Make sure you understand absolutely everything before you sign.

My Outfitter Liability Insurance and State of Montana requires these documents.

Enclosed are Participant release of Liability, waiver of Claims, Assumption of Risks and Indemnity Agreement.

Please return a signed copy of both this Service Agreement and the Participant Agreement along with your deposit!

**LWGS Provides**: While fishing: Travel from Livingston area motel or lodging, or meeting at a central location. LWGS will furnish a lunch, water, soft drinks, and flies.

**Fisherman Provides**: Airfare; Airport to motel shuttle services; Lodging, and any travel to meet fishing guide at central location; Any Licenses for fishing, rods, flies, liters, etc.; Any Alcohol Drinks; and at your discretion, Tips for Cook and Guides.

**License Fees:** Licenses are to be obtained directly from the State of Montana Fish Wildlife & Parks, or local License Provider. The costs of the license is not included in the price of fishing trip.

**Terms and Conditions:** A parent or guardian must accompany all participants under the age of 18 during the fishing trip!This is a FAIR-CHASE FISHING TRIP. LWGS in NO WAY has any

GUARANTEES of any kind, written or implied, as to success of any kind on any species fished for! Both LWGS and fisherman will obey all Montana and Federal hunting laws, rules, and regulations. Everyone understands and accepts the fact that I cannot control the influence of weather, fire, or other acts of God, or anything out of my control, which affects the final outcome of fishing trip. Every fisherman acknowledges that there is a risk that they may not even see a fish due to unforeseen circumstances.

In addition, LWGS is in control of the fishing activity and LWGS determines how, when, and where fishing takes place. Fisherman must respect LWGS’s judgment concerning safety at all times. Every fisherman gives me the authority and your permission to terminate the fishing trip of any fisherman, including yourself, if theirs or your activity threatens the enjoyment, welfare or comfort of any fisherman or guide. It is the responsibility of the fisherman to be in good physical condition and to notify LWGS of any medical or dietary needs in advance. **Remember you will be in an area where medical help is not easily accessible.**  LWGS also urges everyone to purchase Ripcord trip insurance at their own expense to cover their trip in case of an unforeseen event causing them not to attend their trip!



**I HAVE READ THIS AGREEMENT AND ASSUME THE RISK AND ACCEPTANCE OF RESPONSIBILITY AND UNDERSTAND THE ABOVE CONTENTS. I HEREBY AGREE TO ABIDE BY THE STATEMENTS IN THE ABOVE CONTRACT.**

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_/\_\_\_\_\_\_2018

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_/\_\_\_\_\_201

(if under 18 years of age)

Outfitter Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_2018