RED'S FLY SHOP – VEHICLE SHUTTLE REQUEST

and Limitation of Liability

	YES	NO NO
Date:		
Clerk:		
Customer Name:		
Phone Number:		
Vehicle: Make:	Color:	Year:
License Plate Number:		State:
Insured By:		
Name of Insured:		
Launch Site:	Launch Ti	me:
Takeout Site:	Takeout 1	Time:
Key Location: Here / Gas Cap / Under Matt Key delivery: Same / Under Matt /Other:_		
Lock Keys In: Yes / No		
Shuttle Fee: \$ Paid / Cha	rged to:	
I, the undersigned Customer, named above, the Limitation of Liability written below.	certify that I have read, unders	tand, and agree with
Customer signature:	date:/	
Limitation of Liability: It is agreed by the Cust vehicle being shuttled will be paid for by the insurance policy of the owner. If the vehicle fault, then Red's Fly Shop will reimburse the towards the insurance deductible. Red's Fly Shuttle.	owner of the vehicle being shu is damaged during the shuttle, Customer or the vehicle owner Shop accepts no other liability f	attled or by the motor vehicle and Red's Fly Shop shuttle driver is at up to \$250.00 in payment of or for damages resulting from the
Driver Completing Shuttle:		