RED'S FLY SHOP – VEHICLE SHUTTLE REQUEST and Limitation of Liability

Date:	Clerk:	
Customer (Name & Address):		
Vehicle: Make:	Color:	Year:
License Number: State:	Number:	
Owner (if other than customer):		
Insured By:		
Name of Insured:		
Launch Site:	Launch Time:	
Takeout Site:	Takeout Time:	
Key Location:	Key delivery: _	
Alarm: Yes / No	Locks: Yes / No	
Shuttle Fee: \$	Paid / Charged to:	
I, the undersigned Customer, named above the Limitation of Liability written below.	e, certify that I have	read, understand, and agree with
Customer signature	date	
Limitation of Liability: It is agreed by the Customer an shuttled will be paid for by the owner of the vehicle beivehicle is damaged during the shuttle, and Red's Fly Sh Customer or the vehicle owner up to \$250.00 in payment other liability for damages resulting from the shuttle.	ng shuttled or by the motor op shuttle driver is at fault	r vehicle insurance policy of the owner. If the , then Red's Fly Shop will reimburse the
Driver Completing Shuttle:		
date		ime

Call 509-929-1802, or stop into the shop ahead of time to schedule your shuttle.