



Summer contact:
PO Box 366
Stanley, ID 83278

Winter contact:
8027 Bobran St
Boise, ID 83709

(208) 774-2323
shuttles@sawtoothtrans.com
www.sawtoothtrans.com

Name of outfitter/permit holder _____

Put-in date _____ Put-in time _____ Shuttle from _____

Take-out date _____ Take-out time _____ Shuttle to _____

At the take-out, please leave the keys to my vehicle _____
(We will leave the keys locked inside the vehicle, under the driver's seat, if no key instructions are given.)

There will be \$_____ left in the vehicle for gas (at least \$60 for Middle Fork shuttles; at least \$100 for Main shuttles).

Vehicle owner name _____

Address _____

City _____ State/Zip _____

Phone (____) _____ Email _____



Vehicle Description

Year/Make/Model _____ Color _____

License Plate Number _____ State/Province _____

My vehicle will be pulling a trailer Yes No Trailer lights/brakes work? Yes No

If your vehicle does not have a trailer, may we transport the vehicle on our car trailer? Yes No
(Only our most qualified drivers will be allowed to drive the tow vehicle. We will use part of your gas money to fuel our tow vehicle.)

- The key that I have provided to Sawtooth Transportation locks/unlocks/starts the vehicle described above. _____ (Initials)
- If the vehicle has an alarm system, the device required to operate it works and has been left with Sawtooth Transportation along with instructions to operate. _____ (Initials) This vehicle has no alarm system. _____ (Initials)
- I hereby give permission to Sawtooth Transportation to drive the vehicle described above. My insurance policy provides liability and property damage insurance and it will cover this vehicle and shuttle driver in the state of Idaho. I understand that collision and comprehensive insurance deductibles are my responsibility should damage occur. Any deficiencies in coverage are my responsibility. _____ (Initials)
- I understand that my vehicle will be driven on winding and rough, mountain and river roads. Due to these driving conditions, I will not hold Sawtooth Transportation responsible for any damage to my vehicle while en route to or parked at my take-out. _____ (Initials)
- If my vehicle becomes disabled or unsafe/unlawful to drive, I authorize Sawtooth Transportation to act as indicated below to remedy the situation. I am responsible for all expenses associated with towing and/or repairing the vehicle.
 Tow and repair it. _____ (Initials) Tow to the nearest town and do not repair. _____ (Initials)
- The shuttle fee is non-refundable.

Signature _____ Date _____

Other instructions (continue on back if necessary):