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 Website: www.PalmerQuarterHorses.com

License #1832
 Game Units 75 & 751
 (970) 385-7656 (Office)
 (970) 247-1694 (Ranch)



PACK SERVICE AGREEMENT

This contract is for the protection of the undersigned client as well as the outfitter **OVER THE HILL OUTFITTERS, INC.** To coincide with our efforts to provide you, the client, with an enjoyable outdoor experience, we require that the following contract be *read, understood, and signed* by both client and outfitter. **Warning: "Under Colorado Law" an equine professional is not liable for injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to section §13-21-119 of the "Colorado Revised Statutes". Pursuant to sections §12-55.5-105 (1)(C) & (1)(D), Outfitters are bonded and required to possess the minimum level of liability insurance and that the activities of the Outfitter are regulated by the director of the Division of the Registrations in the Department of Regulatory Agencies.**

1. The parties agree to pay 50% of the established fee as a deposit upon signing this contract. **Remaining balance is to be paid 45 days prior to trip** in the form of cash, traveler check, or money order. All deposits and payments are non-refundable.
2. Pack animals carry up to 150 pounds each.
3. Camps provided by Outfitter are complete including tents, cooking equipment, cookstove, cots with pads, wood cutting tools.
4. All trips will originate from the Palmer Ranch at 4140 County Road 234 unless otherwise specified. Clients are responsible for transportation to Durango. OVER THE HILL OUTFITTERS, INC. will provide transportation to and from the Durango/La Plata County Airport if so desired as well as transportation from a local motel or address.
5. Outfitter will not be responsible for any accidents resulting from the careless behavior of a client or actions contrary to the directions of OVER THE HILL OUTFITTERS, INC. or its guides.
6. Clients provide cold weather and rain gear, and sleeping bag unless otherwise agreed upon.
7. If any situation should arise contrary to the satisfaction of the client, it must be *discussed immediately* with the Outfitter.
8. The Outfitter may be forced to adjust trip schedules due to severe weather conditions or circumstances endangering the welfare of the clients, livestock or employees and will act accordingly to assure the safety of all concerned.
9. Outfitter is not responsible for the weather conditions, but does agree to perform the duties to the best that conditions permit.
10. Clients failing to arrive on or before the departure date or who must leave prior to the end of the service period will be charged for the full portion of the trip. If client chooses to leave before the scheduled date of departure from camp requiring a wrangler to transport him and his gear out of camp, an additional fee of \$200 will be assessed by outfitter.
11. Deposit is non-refundable except in the case of a failure to draw in a draw-only season, whereby the deposit will be refunded in full.
12. It is the *client's responsibility to tag, field dress and cape animal* for packing out. If outfitter must field dress, an **additional fee** (\$100/elk; \$75/deer; \$100/bear) is assessed. Packing out of game is an **additional fee** (\$400/elk; \$300/deer; \$400/bear). In the event that the incurred fees are not paid, the carcass will be hereby transferred to Over the Hill Outfitters. The cost of the meat and trophy processing is the responsibility of the client. Shipping of meat is also client's responsibility.

The conditions checked and/or inserted are agreeable to the undersigned for services during the period beginning on _____ and ending on _____.

OVER THE HILLS OUTFITTERS, INC. will provide transportation for the clients to/from the Palmer Ranch.

Location for pickup _____ date _____ time _____
 Location for dropoff _____ date _____ time _____

FEES AND CONDITIONS:

The client(s) agree to pay OVER THE HILL OUTFITTERS, INC. the **TOTAL TRIP COST** of: \$ _____
 All activities on United States Forest Service Lands are subject to a 3% Special Use Fee: \$ _____
 Total Cost: \$ _____

A **DEPOSIT** is due on or before _____, of the amount: \$ _____
 The **REMAINING BALANCE** shall be paid on _____ in the amount of: \$ _____

We offer travel insurance through ITravelInsured: Estimated cost/person: \$ _____ (Age: 0-49 yr) \$ _____ (Age: 50-59 yr)
 Decline Accept (we will contact you with details/application)

Notes:

We the undersigned have read and fully understand the above listed terms of this agreement and do agree to pay the deposit and the final balance due in exchange for the services provided.

 OVER THE HILL OUTFITTERS, INC. Client Name (Please Print) Signature Date

GENERAL MEDICAL AND PHYSICAL QUESTIONNAIRE

I, _____ (client), furnish the following information to OVER THE HILL OUTFITTERS, INC., which I state to be true and correct and accept responsibility for failure to disclose any condition or not fully stating such condition. I understand that **I must furnish complete information** including physician's reports if the conditions would otherwise be considered detrimental to my health if not disclosed. I will attach other sheets if necessary to fully disclose my condition(s).

Age _____ Weight _____ Height _____ Sex _____

Profession _____

How did you hear about Adventures Beyond, Inc. & Over the Hill Outfitters, Inc.?

Have you been on a previous guided adventure or hunting trip? _____ With whom? _____
Where? _____ When? _____

Please describe your horseback riding or other outdoor experience:

Describe your physical fitness level:

Do you exercise regularly? _____ Please describe:

Describe any medical, health problems or allergies:

Are you taking any medications? _____ Please describe:

Do you smoke? _____ If so, how much? _____

Describe any dietary restrictions/preferences:

Person to notify in case of emergency:

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

I have insurance covering injury and health:

COMPANY _____ POLICY # _____

CLIENT SIGNATURE _____ DATE _____

ADDRESS _____ PHONE (_____) _____

CITY _____ STATE _____ ZIP _____ EMAIL _____