

BLT SHUTTLE SERVICE SHUTTLE ARRANGEMENTS

I, Hereby authorize and request BLT Shuttle Service to drive my vehicle to the location shown below. I am the owner or the authorized driver and carry the insurance shown. I agree that my vehicle is being shuttled as a convenience to me and I understand that the roads are narrow, with gravel surfaces and much traffic. Because of this I understand that there is a risk of damage to my vehicle. I hereby assume that risk and release and agree not to sue BLT Shuttle Service, its agents or employees from any and all damages or liability which may result from their driving or parking my vehicle, whether or not caused by their negligence.

Please fill out all the information below.

Print out and leave in vehicle with money.

If writing a check, please make payable to BLT SHUTTLES.

Putting in at _____

Vehicle License #: _____ **Make:** _____ **Color:** _____

Trailer: Yes _____ No _____

Lock Vehicle: Yes _____ No _____ **Gas Level:** _____

Shuttle vehicle to _____
Day: _____ **Date:** _____ **Time:** _____

**Where do you want us to leave the key for you at the take out? LOCK INSIDE
GAS OTHER** _____

Condition of vehicle and/or important information to know about vehicle.

NAME (Printed): _____

PHONE: _____

INSURANCE CO: _____
POLICY #: _____

VEHICLE OWNER/AUTHORIZED DRIVER SIGNATURE:

DATE: _____