

BEARTOOTH BACKCOUNTRY PACK CLINIC CONTRACT

Intellectual Property Rights

This agreement is entered into by: - Trinity Trails (Jon or Jenny Steffenson) -

Sherwood Outfitting LLC - (J. Michael Sherwood)

Client Name:

Client Signature:

All intellectual property, including but not limited to any trademarks, trade secrets, designs, plans, concepts, logos, or materials created by Trinity Trails and Sherwood Outfitting LLC shall remain the sole and exclusive property of the aforementioned businesses.

Clients are prohibited from reproducing, distributing, or using said intellectual property without prior written consent. Any breach of this clause may result in legal action.

[Initials: _____].

Acknowledgment of Risks and Liability Waiver

Clients acknowledge that:

***1.** Working with horses involves inherent risks, including but not limited to physical injury from riding, handling, or being in proximity to horses. Clients assume full responsibility for their own safety and agree to initial here to confirm acknowledgment: [Initials: _____].

***2.** Tent camping in mountainous regions presents inherent risks, including but not limited to unpredictable weather conditions, wildlife encounters, and physical hazards related to the terrain. Clients assume full responsibility for their own safety and agree to initial here to confirm acknowledgment: [Initials: _____].

By signing this agreement, clients agree to release and indemnify Trinity Trails (Jon or Jenny Steffenson) and Sherwood Outfitting LLC (Michael Sherwood) from any liability, claims, or

damages arising from these acknowledged risks. This waiver is binding and enforceable to the fullest extent permitted by law. [Initials: _____].

"The company assumes no responsibility for lost, stolen, or damaged items, including but not limited to camping, hunting, hiking equipment, and automobiles, for the duration of the client's participation in the Pack Clinic while in/around the property, as well as during activities conducted on forest service property, regardless of circumstances or cause."*
**[Initials: _____].

"The company maintains a strict no-tolerance policy for rude, belligerent, or disruptive behavior. Additionally, alcohol consumption is prohibited during the Pack Clinic event, both on company property and during activities on forest service land. Participants are expected to adhere to these guidelines to ensure a safe and respectful environment for all attendees." [Initials: _____].

"I hereby grant Trinity Trails and Sherwood Outfitting the irrevocable right and permission to photograph, film, or record me during the Pack Clinic event. These materials may be used for promotional, educational, or commercial purposes, including but not limited to social media, websites, and marketing materials. I understand that I will not receive any compensation for the use of these materials. I waive any right to inspect or approve the final product or its use. If I do not wish to be photographed or recorded, I will notify Trinity Trails in writing prior to the event." [Initials: _____].

"Clients are expected to treat all livestock with respect and maintain calm behavior at all times. Any actions that may cause distress or harm to the animals are strictly prohibited to ensure their well-being and the safety of all participants." [Initials: _____].

"The **TOTAL FEE** for the Pack Clinic is \$700. A **NON-REFUNDABLE** deposit of \$250 is required to secure the client's spot. Cancellations must be made by April 24, 2026, to receive a refund of the remaining deposit. The remaining balance must be paid in full prior to the start of the class on Saturday, May 16th, 2026."

Payment Options:

1. By Mail: Trinity Trails 130 Trinity Trail, Fishtail, MT 59028
2. Via PayPal: <https://www.paypal.com/ncp/payment/3CWX4R2YCWGNJ>

"By signing below, the client acknowledges they have read, understood, and agreed to the terms and conditions outlined in this contract, including payment, liability, behavior expectations, and cancellation policies. I, the client, also agrees to comply with all guidelines provided by Trinity Trails during the Pack Clinic event." [Initials: _____].

Emergency Medical Information and Consent to Treat:

In the event of injury or medical emergency, the client consents to any necessary medical treatment and agrees to assume all associated costs. Clients are encouraged to provide any relevant medical information below:

My **DOB**: _____

Emergency Contact Name: _____

Emergency Contact Address & Phone Number:

Known Allergies or **Medical Conditions** and **Medications** for dizziness/blood pressure/blood thinners/ACE Inhibitors(optional):

Health Insurance Provider and Policy Number (optional):

My Signature:

Printed Name: _____

Date: _____

Dietary Restrictions:

HOODIE SIZE (check one): 3XL __ 2XL__ XL__ L__ M__ S__

PACK CLINIC LOCATION : 130 Trinity Trail Fishtail, MT 59028

Google Maps gives good, clear directions. You will see the barn to the left, with all the horses. Park there and we will pack your gear down to the camp site at the water's edge. If you would like to look up the weather ahead of time use this location in your app: Nye, MT We are at (roughly) 5,000 ft in elevation, IN the Beartooth Mountains.

CONTACT INFORMATION:

Trinity Trails:

406-697-7083 (Jenny Steffenson)

406-698-6636 (Jon Steffenson)

Trinitytrails@hotmail.com

Sherwood Outfitting

406-780-0043 (Michael Sherwood)