

# Western Montana School for Guides

WMSG  
PO Box 733  
Darby, MT 59829  
1-406-821-0017



## ENROLLMENT APPLICATION

(Please Print, then make Photocopy of Completed Form for Your Records.)

Date of class you wish to attend (refer to Enrollment Information): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Do you have any physical disabilities/problems: Y N

If yes, please describe disabilities: \_\_\_\_\_

Describe any medication you currently take: \_\_\_\_\_

Identify any food allergies: \_\_\_\_\_

Have you ridden horses: Y N Where and when: \_\_\_\_\_

Have you hunted big game: Y N Type of game and results: \_\_\_\_\_

**4-WEEK TRAINING PROGRAM** I agree to pay \$4000 to the Western Montana School for Guides. Enclosed is the deposit of \$1500, the balance of \$2500 will be paid by cashiers' check or money order 30 days prior to the beginning of my course unless other special arrangements are made with the school.

**Terms:** All fees are in U.S. funds. Our policy for deposits is that all monies paid are not refundable, and are considered as partial payment for the services of reserving time and space on the schedule and advance preparation of equipment and supplies. We recommend that you obtain trip cancellation insurance to protect against any unforeseen circumstances that might cause cancellation. Personal or company checks are acceptable for deposit, however payment of the balance of fees must be in guaranteed funds (cash, money order, cashiers' check, or travelers' check).

**Assumption of Risks by Participant:** The activities that will be undertaken as a direct or indirect result of this reservation are commonly known to have various risks inherent to them. By making this reservation, I agree that I knowingly and willingly accept those risks which are inherent in this activity or any associated activity. I will not hold, nor attempt to hold, Scott Boulanger or the Western Montana School for Guides, or any of his agents or associates, responsible for loss, injury, or damages, as a direct or indirect result of my participation in those activities.

**I, the undersigned, have read, fully understand, and agree to the above terms, conditions and assumption of risks as a condition of this application.**

Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

After completing this application mail to: **Western Montana School for Guides**, c/o Scott Boulanger, PO Box 733, Darby, MT 59829