



Kokopelli Bike Shuttle



Reservation Form

Date _____ Time _____ Location _____

Driver _____ Cost/ Person \$ _____ Total \$ _____

End Miles Time Place

START Miles Time Place

Total Miles Time

Passenger	Name	Signature *	Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

*Waiver must be signed above:

Participants hereby acknowledge Kokopelli Bike Shuttle is not liable for any personal injury or property damage occurring during use of our services or equipment. Passengers also give consent for KBS to use their photo and video for promotion.