

NAME OF OUTFITTER  
**Affidavit Montana 14-day Quarantine Requirement**

My current legal name is \_\_\_\_\_, and my current occupation is \_\_\_\_\_.  
I am presently \_\_\_\_\_ years old, and my current address of residence is \_\_\_\_\_,  
State of \_\_\_\_\_, County of \_\_\_\_\_

I acknowledge that the State of Montana Policy on out-of-state travel requirements inbound to Montana for recreation activities has been explained to me by Name of Outfitter.

I understand as a component of that policy, I have to been self-quarantined for 14-days prior to arrival at Name of Outfitter's Facilities, and that by signing this affidavit I have met that requirement.

I further understand that Name of Outfitter will conduct a field test upon my arrival based on CDC guidelines and ask me the standard questions regarding my health, current state of being and potential exposure to the Coronavirus, and take my temperature.

Consistent with State of Montana policy, I understand if I fail to meet these criteria, I am to be refused entry to Name of Outfitter' Facilities, and will have to reschedule my activity.

I hereby state that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted.

Signature of Individual

\_\_\_\_\_ Date \_\_\_\_\_

Name

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_ Date \_\_\_\_\_

Name

\_\_\_\_\_