

CABIN RESPONSIBILITY AGREEMENT

Number of People Staying _____ Cabin _____

Person Responsible: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Drivers License# _____ Date of Birth _____

Daytime Phone: _____ Evening Phone: _____

Dates Requested: _____ 20_____

Fri: _____ Sat: _____ Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____

Key Code: _____ (Enter a 4 different digit number. This number will be programmed into the electronic key box beside the door)

NO SMOKING OR PETS INSIDE THE CABINS!!!

NO KEG BEER!!!

I, the undersigned, agree to deposit with the Mahaska County Conservation Board a cleaning deposit in the amount of \$100.00. I agree that this deposit may be applied by the Mahaska County Conservation Board to wholly or partially satisfy any clean-up costs and damage to its property caused by guests visiting the above listed cabin. Further, I understand and agree that if damages exceed the deposit, I, the undersigned, will be held responsible for full payment of repairs or replacement.

FAILURE TO CLEAN THE FACILITY AND ITS GROUNDS OR FAILURE TO COMPLY WITH ANY CABIN RULE OR POSTED PARK RULE MAY RESULT IN A FORFIETURE OF ALL OR PART OF THE DEPOSIT AND/OR RENTAL FEE.

FAILURE TO LOCK ALL DOORS AND WINDOWS WILL RESULT IN A FORFIETURE OF ALL OR PART OF THE DEPOSIT.

I, agree to assume full responsibility for the acts, negligence or omissions of members of the above listed group and their guests while using the cabin. I understand if I am under 18 years of age, I must have a parent or guardian co-sign this agreement and assume full responsibility for my group and myself.

I, the undersigned, have read, and agree to the conditions of this agreement.

Signature: _____ Date: _____

**RETURN TO: Mahaska Co. Cons. Board
2254 – 200th Street
New Sharon, IA 50207
(641) 673-9327**

For MCCB use only

Received By: _____ Date _____

Personal Check: Yes _____ DL# _____

Cash: Yes _____ Other Payment Method: _____