

# 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: \_\_\_\_\_

***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 – 200<sup>th</sup> Street  
New Sharon, IA 50207  
(641) 673-9327**

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For MCCB use only

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Personal Check: Yes \_\_\_\_\_ DL# \_\_\_\_\_

Cash: Yes \_\_\_\_\_ Other Payment Method: \_\_\_\_\_