

Cabin Responsibility Agreement

Cabin: _____ Number of People Staying _____

Person Responsible: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Driver's License #: _____ Date of Birth: _____

Daytime Phone: _____ Evening Phone: _____

Dates Requested: _____ 20_____

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

KEY CODE: _____ **Please Enter a Four Different Digits Number.** This will be programmed into the electronic key box beside the door.

NOTE: NO SMOKING OR PETS INSIDE THE CABINS!! FORFEITURE OF DEPOSIT WILL OCCUR! 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 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.

Cancelations must be received a minimum of seven (7) days' prior to rental to receive a return of damage deposit.

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

FAILURE TO LOCK ALL DOORS AND WINDOWS WILL RESULT IN FORFEITURE OF ALL OF THE DEPOSIT.

I, agree to assume full responsibility for the acts, negligence or omissions or 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 St. New Sharon, IA 50207

QUESTIONS CALL: (641)673-9327

For MCCB use only

DEPOSIT AND AGREEMENT:

Date Received: _____

Check #: _____

Cash: _____

Amount: _____

Received By: _____

PAYMENT:

Date: _____

Check #: _____

Cash: _____

Amount: _____

DEPOSIT:

Deposit Returned: _____

Deposit Kept: _____

Date Returned: _____

(Revised 9/7/2016)