

Cabin Responsibility Agreement

Cabin: _____ Number of People Staying Overnight _____ Event Venue Use _____

Person Responsible: _____

Street Address: _____

City, State, Zip: _____

Email: _____ Cell Phone: _____

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

Dates Requested: _____ 20 _____

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

KEY CODE: _____ Please Enter a Four **Different** Digits Number. No duplicate numbers please. This will be programmed into the key box beside the door.

By agreeing with these terms and conditions, you represent that you are 18 years or older (21 years or older if beer and/or wine are present) and that you are authorized to make the reservation on behalf of the group listed. You further agree to assume full responsibility for the acts, negligence or omissions of the members of your group while using cabins.

I, the undersigned, agree to deposit with the Mahaska County Conservation Board a cleaning/damage deposit in the amount of \$200.00. 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.

CHECK-IN TIME: After 3:00 PM on the day of arrival

CHECK-OUT TIME: By 11:00 AM on day of departure

SMOKING

Smoking is prohibited in the cabins and on surrounding deck area

ALCOHOL

Keg beer and liquor are prohibited in or around cabins

PETS

Pets are prohibited in the cabins.

SPECIAL PROVISIONS

Using cabins for large group gatherings and/or as a support facility for a large gathering is considered venue use. This includes but is not limited to: family reunions, fundraising events, weddings, bachelor/bachelorette, graduation parties, etc. This is an extra 50.00 per day.

COST

Peak season / April 1 - December 31. Rate is \$140 a night, weekly rate \$840. Off season January 1 - March 31. \$110 a night, weekly rate \$660. 2 night minimum and 3 night minimum for holidays. \$20 per night for one (1) camper hookup to the cabin (30-amp service)

CANCELLATIONS

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

RULES

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 AND BOLT ALL DOORS AND WINDOWS WILL RESULT IN FORFEITURE OF ALL OF THE DEPOSIT.

WE DO NOT ACCEPT MONEY ORDERS. WE DO ACCEPT CASHIER'S CHECKS.

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

Signature: _____

Date: _____

RETURN To: Mahaska Co. Cons. Board, 2342 Hwy 92, Oskaloosa, IA 52577

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 10/16/24