

Morgan County
CABIN IN THE WOODS
Rental Agreement

Check-in is after 2:00 p.m. and check-out is 12:00 p.m. No early check-in or late check-out unless approved by Owner prior to rental check-in.

This is a NON-SMOKING cabin. The use of burning candles is strictly prohibited in and outside the cabin.

Sorry, pets are not permitted in cabin or on premises under any condition.

Occupancy: Our cabin is fully furnished and best suited for up to (4) four persons. There is an additional charge of \$25.00 per person per night for guests over (2) two persons, with a maximum occupancy of (4) four persons. Exceptions to this limit are considered on a case-by-case basis.

Renter agrees to abide by policies set by the Owner, refrain from loud noise, and to return cabin unit in clean, sanitary, and rentable condition or pay costs of same. Renter is responsible for any damages.

Initial DEPOSIT is non-refundable. No refunds will be given for early departures.

The bath/Jacuzzi is not designed for more than (1) one adult at a time. No children under the age of (12) twelve permitted in Jacuzzi without strict and constant adult supervision.

The septic system is very effective, but DO NOT FLUSH anything other than toilet paper. No feminine products should be flushed at any time.

In order to preserve the exciting, undisturbed wildlife viewing, NO HUNTING is permitted on cabin grounds.

THE OWNERS ARE NOT RESPONSIBLE FOR ANY ACCIDENTS, INJURIES, OR ILLNESS THAT OCCUR WHILE ON THE PREMISES OR IN THE CABIN UNIT. THE OWNERS ARE NOT RESPONSIBLE FOR THE LOSS OF ANY BELONGINGS OR VALUABLES OF THE GUESTS. BY ACCEPTING THIS RESERVATION, IT IS AGREED THAT ALL GUESTS ARE EXPRESSLY ASSUMING THE RISK OF ANY HARM ARISING FROM THEIR USE OF THE PREMISES.

This document contains the entire agreement between the parties, and any changes or amendments hereof shall be void unless the same are in writing and signed by the parties hereto.

The parties below agree to the terms stated above and have read and understand them.

Renter: _____
Signature (must be 21 or older) Printed Name

Date: ___/___/___

Renter's address: _____

Phone: _____ E-mail: _____

Names of all guests: _____

Requested Dates: Night(s) of ___/___/___ to ___/___/___

Before sending this form, please call our office to see if the dates are available.
740-962-6589 or 740-517-5873

Once your dates are confirmed, mail your completed form with deposit to:

Connie King
4251 N. Dugan Rd
McConnelsville, OH 43756

Deposit rates are as follows:
Up to 2 nights: \$50
3 or more nights: \$125

Deposits are non-refundable, unless otherwise agreed upon in advance. If you must cancel your reservation, please give us as much advance notice as possible.

Owner: _____
Signature Printed Name

Date: ___/___/___