

TRILLIUM LAKE BASIN CABINS
Rental Agreement

Trillium Lake Basin Cabins LLC

Respond to Portland
Elliott J. Mantell (owner)
2927 NE Everett Street
Portland, Oregon 97232

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Office (503) 232-4099
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www.trilliumlake.com

Name: _____
(Name of the person responsible)

Address: _____
(Street) City (State) (Zip)

Phone: _____
(Home) (Work) (Cell)

Email: _____

Date(s) Reserved: In: _____ Out: _____ Rate for stay quoted: _____

Key & Cleaning Deposit: _____ Pet Fee: \$25 State Lodging 1% _____

Total fee (including deposits) _____

Deposit paid with this reservation: _____ Balance due: _____

Date Due (3 weeks prior to rental) _____

Names of other occupants:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Total Number of Adults: _____

Total Number of Children: _____

I understand that: I am responsible for leaving the cabin in the condition in which it was found: dishes washed, furniture left where it was, laundry and bedding remade etc., (otherwise cleaning deposit will be forfeited) and I and/or we are liable for any damages by any member of my group. I understand that the only service supplied by this agreement is the rental of the furnished Barlow cabin at 32798 E. Mineral Creek Drive, Government Camp, Oregon. I assume total responsibility for my own safety as well as all those in my party and agree to indemnify and hold harmless Elliott Mantell and Trillium Lake Basin Cabins LLC against any loss that might occur.

I understand that the access to the 2nd floor is up a steep staircase (cross between a staircase and a ladder.) I agree that I or whoever uses the second floor is physically able to do so. I agree to keep small children and those not physically able off of this access. I also agree to keep small children off of any second floor balconies.

The primary heating source is wood and although this a great benefit there are risks to heating with wood. I acknowledge that someone in my group is familiar and experienced with heating with wood and using a wood stove. I agree to take all necessary precautions with gathering wood from the wood pile or shed, splitting wood if necessary, and using the woodstove with care. I agree to keep all young children away from the woodstove and away from anyone who may be splitting wood.

Lessee and lesser are not responsible for unseen outages except that the lessee will call Portland General Electric (1-800-464-7777) as soon as possible. Note only the corded phone will work in the event of a power outage.

Policies:

Check In: 4PM (unless agreed upon an earlier check in time if available)

Check Out: without cleaning: 11am if you are not doing the cleaning option and do not need your deposit refunded.

Check Out with cleaning: 1 PM choose this option in order to get your cleaning deposit refunded and have a later check out time.

A non-refundable deposit equal to half of the rental fee (including deposit) is required to hold this reservation. Policy is 50% of the entire rental is non-refundable if cancelled within 1 week of the rental period. Non-refundable after that. (Documented extenuating circumstances will be reviewed for credit exchange, but not refundable)

Payment in full is required within 21 days of the rental period. The renter shall not house more people than those listed above.

Cancellation: Rent for the entire stay is forfeited if cancellation is made less than 7 days in advance. Cancellation 7-14 days in advance forfeits deposit. More than 14 days advance notice of cancellation allows application of deposit to a different date (some exceptions apply for peak demand time).

As a courtesy you may pay your deposit with a credit card if you need to. In order to facilitate this you are authorizing that your credit card payment to hold reservation will be made payable to Common Ground Chiropractic. This is only for the purpose of courtesy use of a credit or debit card. You are still renting your cabin from Trillium Lake Basin Cabins LLC

I acknowledge the above and agree to its terms

Name _____

Date _____

I authorize charging of deposits or cabin fees and in the event of any damages payable to Common Ground Chiropractic from my credit or debit card described below:

Credit Card #. _____ Expiration _____

Card billing address if different than above _____

Name _____

Signature _____ Date _____