The Cascade

20376 Rocca Way Bend, OR 97702

JAN ELLIOTT, *Proprietor*

Ph. (541) 480-1963 or 280-1813 or 382-6735 fax (541) 382-2898

rentals@absolutelybend.com

THE CASCADE - GUEST REGISTRATION

Date _____

PRINT: LAST NAME _____ Payment to: Check payable to Brad or Jan Elliott

PRINT: FIRST NAME _____ HOST ADDRESS: 61185 Larsen Road

ADDRESS: _____ HOST CITY: Bend

CITY: _____ HOST STATE & ZIP CODE: OR 97702

STATE: _____ ZIP CODE: _____

GUEST PHONE : _____ GUEST FAX : _____

 # Adults _____ *# Children (under 13)* _____ *Total #* _____

Arrival Date _____ *# Nights* _____ *Departure Date* Noon

Arrival Time 4 pm unless agreed *# Beds* _____ *# Baths* _____

Guest Car: Year _____ *Make* _____ *Model* _____

License: State and number _____ *DL #* _____

Rate $ _____ Check Number _____

Cleaning $ _____ Check Amount _____

Room Tax $ _____ Cash _____

Security Deposit $500 Secured by credit card _____

TOTAL $ _____

LIABILITY WAIVER:

I, the undersigned, agree to hold harmless and indemnify Absolutely Bend Vacation Homes, its agents and employees, and any member, participating homeowner, manager, liaison or organizing or organization working in conjunction with ABVH providing overnight lodging or recreational vehicle overnight parking, for any and all claims and liability for personal injury, accidents, or acts of God, death, or property damage to myself or to my group who are numbered in this guest registration, or for which I or anyone in my group may be liable to others, arising out of or in connection with my or our use of this ABVH site, including, but not limited to use of rooms, parking spaces, walkways, stairs, steps, paths, pools, saunas, hot tubs, decks, yards, gardens or any property or services on this ABVH site. My group and I use the facilities at our own risk and must comply with any rules stated by ABVH or by the participating host(s). Failure to comply with the stated rules can result in the hosts insisting that my party and I leave the premises at once, and all our fees and charges be forfeited. I accept responsibility and will pay for: 1) any losses or damages my party or I cause, and 2) any court or legal fees incurred to collect on such losses or damages.

Signed _____ Date _____

ADDENDUM: See attached (page 2)

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I understand that all Absolutely Bend Vacation Homes vacation rental properties are strictly NO SMOKING properties. NO SMOKING is permitted anywhere on the grounds. I agree that if any evidence is found that smoking has occurred on the property during my stay, I will forfeit my entire Security Deposit.

Signed_____ Date_____

Credit Card Authorization

I, (signature)_____, freely give permission to Absolutely Bend Vacation Homes (Jan Elliott) to charge my credit card for any damages occurring to the vacation rental property during my stay.

My credit card is a: Visa_____ Mastercard_____ Discover_____

The number is: _____-_____-_____-_____ Expiration date: _____/_____

Credit Card V-code : _____ (3-digit, non-embossed number printed on the signature panel on the back of the card immediately following the Visa card account number. This number is recorded as an additional security precaution)

Today's date is: _____