



Date: _____

PRINT: Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Guest Email: _____ Guest Phone: _____

Requested Property _____ #Pet(s) _____ Breed(s) _____

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

Arrival Date: _____ Departure date: _____ # Nights: _____

Arrival Time (4 pm*): _____ Departure time (noon *): _____

* Arrival time of 4 pm and departure time of 12 pm (noon) unless alternate times are agreed upon.

Guest Vehicle: Year _____ Make _____ Model _____

Drivers License: State _____ Number _____

Rate \$ _____ Check Number: _____

Cleaning \$: _____ Check Amount: _____

Room Tax \$: _____ Cash: _____

Notes: _____

Total \$ _____

Make check payable to: Brad or Jan Elliott

Mail payment to: 61185 Larsen Road Bend, OR 97702

.....
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, liason 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, bicycles, helmets, 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) and court or legal fees incurred to collect on such losses or damages. 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 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: _____