

**REDWOOD PARK BATHROOM KEY CHECK-OUT**

CITY OF ARCATA – RECREATION DIVISION

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**[www.cityofarcata.org/rec](http://www.cityofarcata.org/rec)**



**This Key allows you access to Redwood Park Bathrooms, it does not guarantee facility condition.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s) Work: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Use: \_\_\_\_\_ Time of Use: \_\_\_\_\_

**Key Guidelines:**

**I agree to abide by the following guidelines. Failure to comply will result in forfeiture of my deposit and future use of City of Arcata facilities.**

1. I agree to use the restroom key only for myself and people who are with me.
2. I agree to be responsible to ensure that the restroom is clean and locked when my guests or I are finished.
3. I understand that the restroom use is limited to daylight hours only.
4. I understand that when I return the key a refund check for the \$50 deposit will be returned to me within 30 days to the name and address listed above.
5. I will not duplicate or loan/give this key to others.
6. I understand that if I lose the key my \$50 deposit is forfeited, and I will be required to leave a new deposit to have a key reissued.
7. I understand that this key check out may be revoked at anytime.

The undersigned certifies that the above information is correct, has read and agrees to obey the guidelines, and assumes full responsibility for any damages sustained to the restrooms, and for acts and conduct of all persons admitted to the premises.

The undersigned further agrees to hold the City of Arcata, its employees, agents, volunteers and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of service, action by any person or persons, for injuries to persons or loss of damages to property occasioned by or in connection with the use of the facilities, equipment, and premises caused by any source whatsoever.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Deposit Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Key #: \_\_\_\_\_ Key Returned: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp date: \_\_\_\_\_ VIN # \_\_\_\_\_