

*Escape Solutions Vacation Rentals*  
*Waipouli Beach Resort C304*  
*Reservation Contract*

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## Reserve Our Condo

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Scan and email the completed contract (preferred) or fax to (250) 652-0843. Once the signed contract is received it will be returned via email with the owner's initials and signature to confirm this booking.

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

### Reservation Information

**Check-In Date:** \_\_\_\_\_ 4 PM (No early check-in please)

**Checkout Date:** \_\_\_\_\_ 11 AM (No late checkout please)

**Number of Guests:** \_\_\_\_\_ Adults: \_\_\_\_\_ Child(ren): \_\_\_\_\_ Ages \_\_\_\_\_

**Names of all Guests:** \_\_\_\_\_  
\_\_\_\_\_

**Second Bedroom Preference:** Twins \_\_\_\_\_ King \_\_\_\_\_

**High Chair and Playpen required:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Reservation Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Cell Ph:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Travel details: (if departure time is later than 5 PM consider extending 1 day)**

**Arrival Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Flight** \_\_\_\_\_ **Airline** \_\_\_\_\_

**Departure Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Flight** \_\_\_\_\_ **Airline** \_\_\_\_\_

*Guest Initials:* \_\_\_\_\_

*Owner Initials:* \_\_\_\_\_

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**Payments**

Rental Rate \$\_\_\_\_\_ Per Wk or Nt x \_\_\_\_\_ \$\_\_\_\_\_

Cleaning Fee and resort fee                      Included    (stays of one week or longer)

Taxes (14.962%)    \$\_\_\_\_\_

**Total Rental Payment DUE:**                      \$\_\_\_\_\_

**1<sup>st</sup> Payment, due on date of signing                      50%**

**2<sup>nd</sup> Payment, due 60 days prior to occupancy                      50%**

**Payment Methods Accepted:** Visa, MasterCard, Personal Cheques

**PROPERTY ADDRESS:** C304 4-820 Kuhio Hwy, Kapaa, HI 96746

**CONDO PHONE:** 1-808-823-1757

**THIS IS A NON SMOKING COMPLEX.** Fines will be imposed if you are caught smoking anywhere on the premises.

**PETS** are not permitted in rental units under any conditions.

**CANCELLATION POLICY**

CANCELLATION 90 Days or more prior to arrival will incur a charge of ONE night's rent NO REFUND 60 days or less prior to arrival.

MONTHLY RESERVATION CANCELLATIONS – Monthly renters must cancel one hundred twenty (120) days prior to check-in. Monthly renters who make a change that results in a shortened stay must be made at least ninety (90) days prior to check-in.

*Guest Initials:* \_\_\_\_\_

*Owner Initials:* \_\_\_\_\_

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**MAXIMUM OCCUPANCY** – The maximum number of guests is limited to five (5) persons.

**MINIMUM STAY** – This property requires a four (4) night minimum stay. Longer minimum stays may be required during holiday periods.

**NO DAILY HOUSEKEEPING SERVICE**

NO DAILY HOUSEKEEPING SERVICE – While linens and bath towels are included in the unit, daily maid service is not included in the rental rate. However, it is available upon request at an additional rate. We do not permit bath towels or linens to be taken from the unit, but we provide extra beach towels for your use.

**PARKING**

Parking is limited to One (1) vehicle. Vehicles are to be parked in designated parking areas only. Parking on the road is not permitted. Any illegally parked cars are subject to towing; applicable fines/towing fees are the sole responsibility of the driver.

**DO NOT FLUSH** anything other than toilet paper. No feminine products or any other foreign objects should be flushed at anytime. If it is found that feminine products or any other foreign objects have been flushed and clog the septic system, you could be charged damages of up to two hundred dollars (\$200). Also, be cautious when using the garbage disposal. Pineapple cores should NEVER be disposed since the fibers will tangled in the blades. If a repair person is required to fix the disposal due to overzealous use, the cost of the repair will be the burden of the renter.

By signing below, I agree to all terms and conditions of this agreement.

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Guest Initials: \_\_\_\_\_

Owner Initials: \_\_\_\_\_

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TRAVEL INSURANCE- We highly recommend that all guests purchase travel insurance. If you wish to do so, good sources are: [www.InsureMyTrip.com](http://www.InsureMyTrip.com) or [www.VacationProtection.com](http://www.VacationProtection.com) offered by VRBO (you can choose this right from the site for online bookings) for details and to purchase.

As our unit is privately owned, the Homeowner is not responsible for any accidents, injuries, illness, weather, or earthquakes that may occur while on the premises or its facilities before or during your stay. The Homeowners are not responsible for any losses or damage of personal belongings of guest. 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 or other whom they may invite to use the premises.

**Credit Card Authorization**

To use a credit card for this rental, please provide the following information (not needed if paying through VRBO, HOMEAWAY OR TRIPADVISOR)

Name on credit card:

\_\_\_\_\_

Credit card billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Credit Card:   Master Card   Visa

Credit Card Number \_\_\_\_\_

Exp date \_\_\_\_\_      CVV (Security)Code \_\_\_\_\_

I hereby give permission to charge my credit card for the amounts stated in the attached reservation agreement for the use of the Waipouli Beach Resort condo C304 located at 4-820 Kuhio Hwy, Kapaa, HI 96746 for the period specified. I agree that all rental monies are non-refundable if cancellation is made within 60 days of arrival as noted on this agreement. I understand my responsibility to purchase cancellation and/or travel insurance.

Sign \_\_\_\_\_      Date \_\_\_\_\_

Print Name \_\_\_\_\_      Ph # \_\_\_\_\_

Guest Initials: \_\_\_\_\_

Owner Initials: \_\_\_\_\_