



# City and Borough of Sitka

100 Lincoln Street ▪ Sitka, Alaska 99835

Ph. 907-747-1804 ▪ Fax 907-747-3158

## Tom Young Memorial Cabin Reservation Permit Application

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

### Applicant's Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

**Reservation Dates:** \_\_\_\_\_  
Check In (after 12:00 noon)

\_\_\_\_\_  
Check Out (by 12:00 noon)

**Number of Guests:** \_\_\_\_\_  
Adults

\_\_\_\_\_  
Children

I have read the Cabin Information Fact Sheet. By signing below, I agree to the terms of the Cabin Information Fact Sheet and to the following provisions:

1. I understand that I will be using a rustic and remote cabin without road access. I agree to leave the cabin clean and orderly. Except as otherwise provided by law, I agree that I be responsible to appear, defend and indemnify the City and Borough of Sitka in any legal action involving any injury to person or property or for other claims, damages losses, costs and expenses, including court costs, attorney's fees, and collection actions, associated with my reservation and/or use of the Tom Young Memorial Cabin.
2. I agree to pay a deposit of \$100 for the use of a Honda 1,000 watt generator and/or \$50 for the use of a 7-gallon propane tank, refundable upon their return the first business day after my cabin stay. I agree to return all of this equipment in good condition or will forfeit my entire deposit. I further agree to pay for any damage resulting from my misuse or replace the generator and/or propane tank if lost or stolen, including any court costs, attorney's fees, and collection actions associated with any legal action brought by the City and Borough of Sitka because of such damage to the equipment.
3. I understand the dangers and hazards associated with backcountry travel in Alaska. Except as otherwise provided by law, I agree to waive, release and hold harmless the City and Borough of Sitka, including its employees, officials, agents, representatives, servants, contractors, or subcontractors, from any damages to person or property or for other claims, damages losses, costs and expenses, including court costs, attorney's fees, and collection actions, associated with my reservation and/or use of the Tom Young Memorial Cabin.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\*\*\*\*\* For office use only \*\*\*\*\*

\_\_\_\_\_  
Type of Identification

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
ID Expiration Date