



# Mount Southington Race Team

## Season Pass Application 2018-2019

All passes are subject to the 10% CT Admissions Tax.

<b>Hours of Operation</b> Weekends and Holidays 9am-10pm Weekdays 10am-10pm	<b>NOTE: EMPLOYEES</b> Please Use Employee Season Pass Application
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DATE: \_\_\_\_\_

PLEASE PRINT

1<sup>st</sup> Pass Holder's Name: \_\_\_\_\_ Pass # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **If racer circle one- Alpine Racer,**

**Email** \_\_\_\_\_ **Free Ride or Freestyle**

2<sup>nd</sup> Pass Holder's Name: \_\_\_\_\_ Pass # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **If racer circle one- Alpine Racer,**

**Email** \_\_\_\_\_ **Free Ride or Freestyle**

3<sup>rd</sup> Pass Holder's Name: \_\_\_\_\_ Pass # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **If racer circle one- Alpine Racer,**

**Email** \_\_\_\_\_ **Free Ride or Freestyle**

4<sup>th</sup> Pass Holder's Name: \_\_\_\_\_ Pass # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **If racer circle one- Alpine Racer,**

**Email** \_\_\_\_\_ **Free Ride or Freestyle**

Emergency Phone Numbers		(Please Circle One)
*Name: _____	Number: (____) _____ - _____	H W C
Name: _____	Number: (____) _____ - _____	H W C

Office Use Only	
Fam. Disc: Y N	
<b>Total Race Season Passes</b> _____	<b>Total Regular Season Passes</b> _____
Pass Amount w/tax: \$ _____	Coaching Fee Amount: \$ _____ <b>Total Due: \$</b> _____
Date Paid: _____	Processed By: _____ Date Entered into Computer: _____
Cash Check Credit GC Web	Dates Passes were received: _____
Notes: _____	
Voucher#(s) (if applicable): _____	

# MOUNT SOUTHLINGTON SEASON PASS

## RULES AND REGULATIONS

1. Your pass must be worn on the upper body; visible to lift operators or ticket checkers each and every time you ride the lift.
2. Mount Southington's Season Pass is non-transferable. Use of a pass by any other person other than the designated pass holder will result in prosecution and revocation of the pass without refund.
3. A complimentary daily lift ticket will be issued on the first instance *only* of a forgotten pass. Thereafter, the full session rate must be paid for lift privileges.
4. Signature indicates that I have read and understand the concepts of being aware and skiing with care, and I agree that failure to comply with the Skier's Responsibility Code and the Mount Southington Ski Area Courteous Skier Policy could result in removal of ski privileges for the year with no refund. If a minor, the parents/guardian will be notified.
5. If you lose your Season Pass please notify our Customer Service Desk immediately. A replacement/temporary season pass will be issued at the cost of \$25. If anyone is caught using a lost Season Pass they will be charged with Theft of Services.
6. Refunds are given for medical reasons only. A lapsed time pro-ration fee, minus a \$25 handling fee will be refunded. The CT State Admissions tax is not refunded after 90 days from the date of purchase. A physician's letter must accompany the request.

Before December 15 <sup>th</sup>	-	100% refund
Before January 1st	-	75% refund
Before January 15 <sup>th</sup>	-	60% refund
Before February 1 <sup>st</sup>	-	40% refund
Before February 15 <sup>th</sup>	-	25% refund
Before March 1 <sup>st</sup>	-	15% refund
After March 1 <sup>st</sup>	-	NO REFUND

7. If you have an accident or fall, it is your responsibility to wait until the Ski Patrol gets to the scene to assist you. Please make sure you give them your name and phone number. It is your responsibility to notify Ski Patrol of any injuries before you leave Mount Southington Ski Area.
8. Mount Southington makes every effort to provide great skiing and snowboarding conditions by investing in the latest snowmaking technology, but even the best technology needs sustained temperatures in the 20's to make snow. Therefore, the number of days of operation will vary from season to season. Hours of operation for our spring schedule also vary due to minimal skier traffic and snow conditions.

**Note:** Skis and/or Board theft is a problem at all Ski Areas. Your equipment is your responsibility. Please bring your own cable lock or purchase one in our Ski Shop.

**MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE.**

x _____ 1 <sup>st</sup> PASS HOLDER'S SIGNATURE	_____ DATE
x _____ 2 <sup>nd</sup> PASS HOLDER'S SIGNATURE	_____ DATE
x _____ 3 <sup>rd</sup> PASS HOLDER'S SIGNATURE	_____ DATE
x _____ 4 <sup>th</sup> PASS HOLDER'S SIGNATURE	_____ DATE

**XX** \_\_\_\_\_  
**\*\*PARENT OR GUARDIAN'S SIGNATURE** (if any passholder is under age 18)    **DATE**

**MOUNT SOUTHLINGTON SKI AREA**  
**RACER WAIVER, SEASON PASS HOLDER WAIVER, AND ASSUMPTION OF RISK, RELEASE**  
**& ARBITRATION AGREEMENT**

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE THE RIGHT TO CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE PRINT ALL INFORMATION:

FAMILY LAST NAME(S): \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

In consideration for being allowed to participate in the Connecticut Interscholastic Ski League ("Racing") and/or The Mount Southington Race Team ("Racing") and/or as a Season Pass Holder at Mount Southington Ski Area (the "Facility"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Facility, Mount Southington Limited Partnership (the "Partnership"), and/or Mount Southington Restaurant and Lounge, Inc. (the "Lounge") arising out of the inherent risks of participating in the Sport of Skiing/Boarding as a Participant of Racing and/or a Season Pass Holder;
- 2) **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN RACING AND/OR AS A SEASON PASS HOLDER;** and
- 3) **TO RELEASE** the Facility, the Partnership, the Lounge, their owners, affiliates, officers, directors, employees, agents, and shareholders, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in Racing and/or as a Season Pass Holder, which include, but are not limited to, the instruction received while participating in Racing.

The Participant acknowledges and agrees that the inherent risks of participating in Racing and/or as a Season Pass Holder are in addition to those referenced in *Connecticut General Statutes § 29-212*. **The participant acknowledges and agrees that it is their responsibility to close the restraining device on the chair lift, as referenced in Connecticut General Statutes § 29-213.** The Participant also acknowledges that this agreement does not, in any way, change the rights or obligations of the Facility, the Partnership, the Lounge, or the Participant, as set forth in *Connecticut General Statutes § 29-211, et. seq.*, other than as set forth in this agreement.

**Arbitration**

The Participant hereby agrees to submit any dispute arising from participation in Racing and/or as a Season Pass Holder, to arbitration, for the sole purpose of determining whether the alleged injury arises from a risk inherent in the activities engaged in by the Participant while participating in Racing and/or as a Season Pass Holder. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Connecticut. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. **In the event that the Panel determines the alleged injury arises from a risk inherent in the Participant's participation in Racing and/or as a Season Pass Holder, the claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from the Facility, the Partnership, and/or the Lounge.** In the event that the Panel determines the alleged injury did not arise from a risk inherent in the activities engaged in while Racing and/or as a Season Pass Holder, the Participant shall proceed to the Superior Court of Connecticut, or if appropriate, the United States District Court, for the District of Connecticut, for a trial *de novo*.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

**Acknowledgement:** I grant permission to Mount Southington Ski Area to use my photograph, videotape, motion picture recording, or any other record of my use of its facilities for purposes such as our Facebook page, website, brochure, or other legitimate advertising.

Pass Holder/Racer's Name (Please Print) \_\_\_\_\_

Pass Holder/Racer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Pass Holder/Racer's Name (Please Print) \_\_\_\_\_

Pass Holder/Racer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Pass Holder/Racer's Name (Please Print) \_\_\_\_\_

Pass Holder/Racer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Pass Holder/Racer's Name (Please Print) \_\_\_\_\_

Pass Holder/Racer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*PARENT OR GUARDIAN SIGNATURE REQUIRED if any Passholder is UNDER 18.**

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* IF CISL RACER - HIGH SCHOOL NAME:** \_\_\_\_\_