



Mount Southington

Alpine Race Team and Free Ski & Ride Team

Season Pass Application 2019-2020

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

NOTE: EMPLOYEES Please Use Employee Season Pass Application

DATE: _____

PLEASE PRINT

1st Pass Holder's Name: _____ **Pass #** _____
 Address: _____ City _____ Zip _____
 Telephone: (____) _____ - _____ Age: _____ Date of Birth: ____/____/____ **If applicable circle one:**
Alpine Racer, Free Ski, Free Snowboard
Email _____

2nd Pass Holder's Name: _____ **Pass #** _____
 Address: _____ City _____ Zip _____
 Telephone: (____) _____ - _____ Age: _____ Date of Birth: ____/____/____ **If applicable circle one:**
Alpine Racer, Free Ski, Free Snowboard
Email _____

3rd Pass Holder's Name: _____ **Pass #** _____
 Address: _____ City _____ Zip _____
 Telephone: (____) _____ - _____ Age: _____ Date of Birth: ____/____/____ **If applicable circle one:**
Alpine Racer, Free Ski, Free Snowboard
Email _____

4th Pass Holder's Name: _____ **Pass #** _____
 Address: _____ City _____ Zip _____
 Telephone: (____) _____ - _____ Age: _____ Date of Birth: ____/____/____ **If applicable circle one:**
Alpine Racer, Free Ski, Free Snowboard
Email _____

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

<i>Family Disc:</i> Y N	Office Use Only
Total Race Season Passes _____	Total Regular Season Passes _____
Pass Amount w/tax: \$ _____	Coaching Fee Amount: \$ _____
Total Due: \$ _____	
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 th	-	100% refund
Before January 1 st	-	75% refund
Before January 15 th	-	60% refund
Before February 1 st	-	40% refund
Before February 15 th	-	25% refund
Before March 1 st	-	15% refund
After March 1 st	-	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		
	1st PASS HOLDER'S SIGNATURE	DATE
x		
	2nd PASS HOLDER'S SIGNATURE	DATE
x		
	3rd PASS HOLDER'S SIGNATURE	DATE
x		
	4th 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/Athlete's Name (Please Print) _____

Pass Holder/Athlete's Signature _____ Date _____

Pass Holder/ Athlete's Name (Please Print) _____

Pass Holder/ Athlete's Signature _____ Date _____

Pass Holder/ Athlete's Name (Please Print) _____

Pass Holder/ Athlete's Signature _____ Date _____

Pass Holder/ Athlete's Name (Please Print) _____

Pass Holder/ Athlete'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:** _____



JDATC Parents' Association Information Form 2019-2020 Season

Father _____

Email Address _____

Home Phone _____ Cell Phone _____

Address _____

Town _____

State _____

Zip _____

Mother _____

Email Address _____

Home Phone _____ Cell Phone _____

Address same as above (complete below if different)

Address _____

Town _____

State _____

Zip _____

I would like my contact information to be included in a race team directory to be shared with other race team families. (Check box).

Athlete's Name	Age	First	Team	Sizes			
	As of	Year		Tee	Sweat	Sweat	Jacket
	12/31/19	With	(Circle one)	Shirt	Shirt	Pants	
		MTSO					
_____	_____	Y / N	Alpine Race Free Ski Free Snowboard	_____	_____	_____	_____
_____	_____	Y / N	Alpine Race Free Ski Free Snowboard	_____	_____	_____	_____
_____	_____	Y / N	Alpine Race Free Ski Free Snowboard	_____	_____	_____	_____

EMERGENCY MEDICAL TREATMENT RELEASE
Mount Southington
2019-2020 Season

I, the parent/guardian of the following competitor(s) listed below, give permission for emergency medical treatment of our child/children for illness or accident if we cannot first be contacted.

Athlete's Name (Please Print) Age _____
Any Known Allergies or other Medical Conditions
(use back if needed)

Athlete's Name (Please Print) Age _____
Any Known Allergies or other Medical Conditions
(use back if needed)

Athlete's Name (Please Print) Age _____
Any Known Allergies or other Medical Conditions
(use back if needed)

Parent or Guardian Name (Print) Parent or Guardian Signature _____
Date

Parent preferred contact phone numbers: _____
