



Mount Southington Ski Area

SEASON PASS APPLICATION 2011-2012

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

Hours of Operation

Weekends and Holidays 9am-10pm
Weekdays 10am-10pm

Adult/Junior Full Season Pass
Child Pass: Ages 5 and under as of 12/1/11

DATE: _____

PLEASE PRINT

1ST Pass Holder's Name: _____ PASS # _____

Address: _____ City _____ Zip _____

Telephone: (____) _____ - _____ Age: _____ Date of Birth: ____/____/____

Email: _____

Use last year's picture? Yes or No **Drop Zone use? Yes or No**

2ND Pass Holder's Name: _____ PASS # _____

Address: _____ City _____ Zip _____

Telephone: (____) _____ - _____ Age: _____ Date of Birth: ____/____/____

Use last year's picture? Yes or No **Drop Zone use? Yes or No**

3RD Pass Holder's Name: _____ PASS # _____

Address: _____ City _____ Zip _____

Telephone: (____) _____ - _____ Age: _____ Date of Birth: ____/____/____

Use last year's picture? Yes or No **Drop Zone use? Yes or No**

4TH Pass Holder's Name: _____ PASS # _____

Address: _____ City _____ Zip _____

Telephone: (____) _____ - _____ Age: _____ Date of Birth: ____/____/____

Use last year's picture? Yes or No **Drop Zone use? Yes or No**

Emergency Phone Numbers

(Please Circle One)

Name: _____ Number: (____) _____ - _____ H W C

Name: _____ Number: (____) _____ - _____ H W C

Name: _____ Number: (____) _____ - _____ H W C

Drop Zone Approval

As the parent/guardian of the minor(s) approved above, I _____
approve the use of The Drop Zone terrain park and verify that he/she has viewed the Smart Style video located
on the Mount Southington website and understands terrain park etiquette and safety procedures.

For Office Use Only

Total Amount: \$ _____

Check if Season Pass Holder '10-11 _____

Paid: Y N Date: _____

Entered Into Computer: Y N Date: _____

Cash Check MC/V/DSCV Gift Card Web

Received Season Pass: Y N Date: _____

Notes: _____

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 Admission 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 1st	-	75% refund
Before January 15th	-	60% refund
Before February 1st	-	40% refund
Before February 15th	-	25% refund
Before March 1st	-	15% refund
After March 1st	-	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.

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 _____ PARENT or GUARDIAN'S SIGNATURE	_____ DATE

**MOUNT SOUTHTON SKI AREA SEASON PASS HOLDER
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:

NAME: _____ PHONE: _____

STREET: _____

TOWN: _____ STATE: _____ ZIP: _____

In consideration of being allowed to participate 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 Season Pass Holder;
- 2) **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING 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 as a Season Pass Holder.

The Participant acknowledges and agrees that the inherent risks of participating as a Season Pass Holder are in addition to those referenced in *Connecticut General Statutes § 29-212*. 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 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 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 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 during 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.

Parents or Guardians must also sign if the Participant is UNDER 18.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____