



2014-2015 SKI PASS APPLICATION

Please read and complete the **Release from Liability/Conditions of Use Form** and this **Application** to purchase a 2014-2015 Androscoggin Valley Chamber of Commerce Ski Pass at a cost of \$50.00.

PLEASE PRINT OR TYPE:

Pass to be issued in the name of: _____

Relationship to Chamber Member Employee: _____

Permanent Mailing Address: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Telephone(s): _____ Home Telephone: _____

Signature of Pass Holder: _____
(Employee or Spouse)

Signature of Employee: _____
(If pass holder is spouse)

Method of Payment: Cash ____ Check ____ MasterCard or Visa ____

Make check for \$50.00 payable to: **Androscoggin Valley Chamber of Commerce (AVCoC)**
(There will be a \$25.00 service charge for any returned checks)

TO BE COMPLETED BY MEMBER BUSINESS:

This is to verify that _____ is an employee on a regularly scheduled basis at
(Employee Name)

_____ and I expect he/she will be employed during the Winter
(Member Business Name)
season of 2014-2015.

Signature of Business Owner/Manager: _____ Date: _____

Return all completed and signed forms, payment of \$50.00 and photo of the applicant (*can be a copy of license*) to the Androscoggin Valley Chamber of Commerce at the address below.

961 Main Street Berlin NH 03570
Tel: 603-752-6060 or 800-992-7480
Web: www.androscogginvalleychamber.com
E-mail: info@androscogginvalleychamber.com

8. I understand that in order to purchase a discounted ticket, I must show my Androscoggin Valley Chamber of Commerce Ski Pass at the ticket office each day I wish to ski. I also understand that I may be asked by the ticket seller to provide my driver's license or other photo ID as additional identification.
9. I understand that neither my pass nor my daily ticket is transferable. Any misuse of my pass or my daily ticket will cause my pass to be revoked without refund and restitution will be demanded. Furthermore, I understand that if I were to transfer either my pass or my daily ticket to another person, I would be subject to prosecution in accordance with New Hampshire statute RSA-637 "Theft of Services".
10. If my pass is lost or stolen, I understand that I must report it immediately to the Androscoggin Valley Chamber of Commerce office and that I must pay a fee of \$5.00 to replace it.
11. I understand and accept that skiing and/or boarding is a hazardous sport with many dangers and risks and injuries are a common and ordinary occurrence of the sport. I understand that trails and surface conditions vary and will change with skier or boarder use, weather changes and other factors resulting in bare spots, variations in snow, ice and terrain along with bumps, ruts, and moguls. Other skiers or boarders, snowmaking pipes, forest growth, tree stumps and debris, rocks, and many other hazards are in and adjacent to trails. I specifically agree that before I ski or board, I will, if I so desire, inspect the area involved, investigating for hazards. If I choose to ski or board, it is with the realization that numerous hazards exist, some of which are obvious and some of which are not. I agree, as a condition of being permitted to use participating ski areas' facilities and premises that I freely accept and voluntarily assume responsibility for knowing the range of my skiing or boarding ability. Further, I accept for myself and voluntarily assume all responsibility for all risks of injury, death, or property damage that might result from skiing, boarding, or other activities at participating ski areas.
12. Any disputes concerning the use of this season pass or arising out of any personal injury or death related to my skiing at the participating ski area, shall be resolved exclusively within the courts of New Hampshire, and the State of New Hampshire laws shall apply.
13. I understand that this pass is valid through the end of skiing season at participating ski areas through the spring of 2015.

TERMINATION OF SKI PASS

I understand that failure to abide by the rules and regulations of **participating ski areas** will result in immediate revocation of the pass without refund. I also understand that harassment of any kind directed towards any employee of any of the **participating ski areas** whether it is in person or in any written form will result in immediate revocation of the pass without refund. Any and all complaints about the Androscoggin Valley Chamber of Commerce Ski Pass Program must be directed to the Androscoggin Valley Chamber of Commerce, not to any of the **participating ski areas**.

I, the undersigned, have read and understand the terms of the above Season Pass and the Release Agreement, which is an essential part of the terms. I am signing it freely and of my own accord, realizing it is binding upon heirs, my assigns, and myself.

Pass Holder Signature (Employee): _____

Date _____

Pass Holder Signature (Spouse): _____

Date _____