

Season Pass Application: Release of Liability

PINE CREEK SKI RESORT: SKIING, SNOWBOARDING, AND ALL OTHER WINTER SPORTS RELEASE OF LIABILITY/AGREEMENT NOT TO SUE

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS, READ IT CAREFULLY

I am aware that all Winter Sports include certain risks, including but not limited to the risk of Serious Injury or Death. I am voluntarily participating in the activity with the knowledge of the dangers involved, AND HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL RISKS INVOLVED.

In consideration for being allowed to use the lifts and trails at Pine Creek Ski Resort:

I understand that the risks and dangers associated with these activities include, but are not limited to, risks associated with the use of the equipment, the condition of the facilities or the land, and the actions of any of the individuals involved, including acts of negligence.

I agree that I WILL NOT SUE or otherwise make any claim against Pine Creek Ski Resort, and their owners, employees, agents, and officers for any loss, injury or damage resulting in any way from my use of the lifts and trails on the mountain. I have received a copy of the Notice of Inherent Risks and Assumption of Risks.

I agree that the Pine Creek Ski Resort, and their owners, employees, agents and officers will not be legally responsible for any loss, injury or damage to myself resulting from the negligence or other acts however caused, of any owner, employee, agent or officer of these entities. I agree that I possess the necessary skills and fitness to undertake these activities on the mountain.

I also agree to release, indemnify, and hold harmless Pine Creek Ski Resort and their owners, employees, agents and officers from all actions, claims or demands from myself, my heirs, my family members or personal representatives for any loss, injury or damage resulting from my use of the lifts and my activities on the Mountain and Trails. The terms of this release shall also be binding as to any other persons including all family members, heirs, executors or administrators, and including any minors which may accompany me.

If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in these activities and agree to the terms of this Release. I also agree to Hold Harmless and Indemnify Pine Creek Ski Resort for any claim brought by or on behalf of the minor.

If any portion of this Release is held invalid, I agree that the balance of the Release shall remain in full legal force and effect. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE ENTITIES NAMED WITHIN THIS RELEASE, AND I SIGN IT OF MY OWN FREE WILL.

I have read and understand the a	bove policies.
Print name:	Date:

Signature:



Season Pass Application

Please PRINT first and last names of family members who will be $\underline{\text{receiving}}$ season passes. List the ages of the children as of December 1st

Fill out the contact information and send with liability release & payment to:

Pine Creek Ski Resort PO Box 340 Cokeville, WY 83114

		Age	Name (PRINT clearly, please) ☺	
Adult	*			Add college student +\$150
Adult	*			(Must bring valid student ID):
Child	*			
Child	*			
Child	+\$50			
Child	+\$50			
Child	+\$50			
Child	Free!			
Child	+\$50			
*Included in family pass (2 parents + 2 kids living in same household, attending K-12 school)				
Parents' names (if minor):				
Mailing Address:				
City State Zip				
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Phone: (Email:				
				
Select Payment Type:				
Cash a	mount:		Check #:	
Credit	card:		Billing Zip Code:	
			CVC Expiration:	
Policy:				
 Season pass holders must wear their pass visibly in order to ride the lift. 				
 If a pass is lost, stolen or destroyed, you must pay a \$20.00 replacement fee. 				
Transfer or unauthorized use of a season pass by anyone other than its rightful owner will result in				
	revocatio	n of the	pass and suspension of season pass privileges for o	one year from the date of the offense.
I have rea	d and und	erstand t	he above policies.	
Signature: Date:				
5-15-1-date: 5-date:				