

Dartmouth Employee Skiway Season Pass Application 2008-2009

PO Box 161, 39 Grafton Turnpike, Lyme Center, NH 03769

Voice (603) 795-2143, Fax (603) 795-2421 Email: dartmouth.skiway@dartmouth.edu

ONLINE APPLICATIONS AND PURCHASE ARE AVAILABLE @ skiway.dartmouth.edu

Purchaser Name: _____ ID Number: _____

Street address: _____

City, _____ State, _____ Zip: _____

Daytime phone: (____) _____ - _____ Emergency phone: (____) _____ - _____

The tax liability associated with this purchase will be determined for you and will be deducted from your payroll check in a one-time lump sum on either Feb 1st, for Monthly payroll, or Mid-February, for Bi-Weekly payroll. Check the Blitz Bulletin-Dartmouth Skiway- for other information.

Staff member is paid: Monthly _____ Bi-weekly _____

PRICES BY DATE:		Oct 4 th -Nov 29 th , 2008	Passholder Name(s)	After Nov 29 th , 2008
Employee	Ages(19-64) @ \$299:	_____	_____	\$349 _____
Employee Spouse	Ages(19-64) @\$299:	_____	_____	\$349 _____
Teen	Ages(13-18) @\$225:	_____	_____	\$275 _____
Junior	Ages(6-12) @\$200:	_____	_____	\$250 _____
Senior	Ages(65 +) @\$225:	_____	_____	\$300 _____

TOTAL \$ _____

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Proof of age or legal guardianship may be required. "Family" tickets are valid only for members of the immediate family [parents or guardians and their children]. Use by others will result in revocation of the season pass. Purchasing under false pretenses constitutes fraud. Children 5 and under ski for free. Please ask for a daily lift ticket. Staff & Faculty use their ID's as their Skiway Season Pass—ID number is required for you to receive your Dartmouth College Discount.

Release of Liability

I acknowledge and agree that winter sports such as skiing and snowboarding contain inherent risks and participation in those sports can cause injury or death. As a purchaser/user of this season pass/lift ticket, I freely accept and understand the risks of participation, up to and not limited to personal injury, property damage and death. I therefore release Dartmouth Skiway and the Trustees of Dartmouth College it's affiliates, assigned, employees, officers directors and agents FROM ANY AND ALL LIABILITY, including claims for negligence of any type which might result from any conditions on or about the premises, facility operation or ski area activities, or from my participation in snowboarding, skiing or any other winter sport. I fully accept the absolute and full responsibility for any and all damages or injury of any kind, from any cause. I release these claims and accept this liability on my behalf and on behalf of the passholders listed above.

All passes/tickets may be revoked by the management at any time without refund and are non-transferable. Reckless skiing will result in loss of lift privileges.

For your safety, the Skiway highly recommends the use of an approved winter sports helmet—visit www.lidsonkids.org for more information. **"Know the Code"** *Season Passes are non-refundable*

Purchaser signature: _____ Date ___/___/___

Office use only: CC CHK # _____ Cash Processor ID _____ Phone Processed ___/___/___ Total \$ _____

Method of payment: Cash, Check or Credit Card. Checks payable to: **Dartmouth Skiway**. Sorry, we **do not** accept American Express. (We do not recommend e-mailing credit card information—please fax).

*****Season Passes are non-refundable*****

Card Holders signature: _____

Card Number: _____ - _____ - _____ Exp ___/___