

ALPINE VALLEY



RESORT

2018-2019 Ski Season Membership Application

Last Name _____
 Address _____
 City _____ Zip _____
 Phone # _____ Email _____

FIRST NAME	DOB: MON/DAY/YR	PASS NO (Office Use)	PASS REC'D (Office Use)
1.			
2.			
3.			
4.			
5.			

Rates	On or before 09/30/18	On or before 10/31/18	On or before 11/30/18	12/01/18 – End of Season
Adult (19 yrs & up)	\$434.00	\$461.00	\$515.00	\$542.00
Teens (13 yrs – 18 yrs)	\$354.00	\$381.00	\$435.00	\$462.00
Child (6 yrs – 12 yrs)	\$294.00	\$321.00	\$375.00	\$398.00
Seniors (65 yrs & up)	\$391.00	\$415.00	\$464.00	\$488.00
Children 5 & Under (Birth Certificate Required)	Free w/purchase of adult pass	Free w/purchase of adult pass	Free w/purchase of adult pass	Free w/purchase of adult pass

Rules: 1. NO REFUNDS. ALL SALES FINAL. 2. NO LIFT TICKETS will be AVAILABLE without additional charge, **DO NOT LEAVE YOUR PASS AT HOME!!!!** 3. \$50.00 Replacement Fee for lost or stolen passes. 4. Reselling, Exchanging, Lending or Obtaining passes under false terms will result in immediate loss of pass and all privileges without refund. 5. Season Passes must be clearly visible at all times. 6. Pass holders must heed all signs and follow all rules posted or otherwise implied by the Ski Area and Skier Responsibility Code.

DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ THE SAME AND FULLY UNDERSTAND IT.

I understand and accept that downhill skiing and/or snowboarding in its various forms, is an inherently hazardous and dangerous activity. Such activities include many risks including the risk of serious injury and death. I freely and knowingly accept and voluntarily assume all risk of property damage, personal injury and death to me while on the premises of the ski area.

I hereby expressly release from liability the ski area, it's agents, employees, directors, officers, shareholders, ski patrollers, ski instructors, affiliates, partners, corporations, associations and the like from any and all claims, actions, causes or actions demands, rights, damages, costs, loss of services, expenses and compensation whatsoever which the undersigned now has or which may hereafter accrue on account of any foreseen or unforeseen bodily injuries and/or damages.

I represent and warrant that this release extends to my heirs, executors, administrators, successors, spouse, dependents, children and assigns and I hereby freely and voluntarily acquit and forever discharge any cause of action for the consideration of a reduced charge for a season ski pass and access to the ski area for an entire ski season.

The undersigned further agrees for and on behalf of any minor who is involved in obtaining this season ski pass and/or any of the services of the resort that the undersigned parent, adult, guardian, supervisor, and/or conservator agrees to indemnify and hold harmless the ski area, the ski school, any of its instructors, agents, administrators, employees, firms, servants, corporations, affiliates, partnerships and the like from and for any and all damages, legal fees or expenses, fees and costs, rights, causes of action, losses, claims and actions which may, do or shall arise or grow out of any know or unknown injuries and/or damages which occur as a result of engaging these services and/or while participating in activity on the premises of the ski area.

WARNING – ASSUMPTION OF RISK. Under Wisconsin law, each participant in a snow sport assumes the risk of injury or death to person or injury to property resulting from the conditions and risks that are considered to be inherent in an alpine sport, has a number of duties that must be met while engaging in an alpine sport and is subject to limitations on the ability to recover damages from a ski area operator for injuries or death to a person or to property. A complete copy of this law is available for review at the main site where tickets to the ski area are sold.

PLEASE REVIEW THE LAW AND THE CONDITIONS AND RISKS INHERENT IN THIS SNOW SPORT BEFORE PURCHASING TICKETS.

Legal Guardian: _____ Print Name: _____

Type of Payment (circle one) Check # _____ Cash Visa MasterCard

Date _____ Amount Paid \$ _____ Driver License # (if paying by check) _____

Credit Card Number: _____ Exp. Date: _____ 3 digit Code: _____

Authorized Signature: _____

Physical: W2501 County Road D, Elkhorn WI 53121 ~ Mailing: P.O. Box 615, East Troy WI 53120

Phone: 262-642-7374 or 1-800-227-9395 Fax: 262-642-9873

Email: groupsales@alpinevalleyresort.com