



Snow Phone: (800) 475-4669
Reservations: (800) 698-4490
Business Phone: (603) 383-4490
Fax: (603) 383-8088
PO Box B, Jackson, NH 03846
Email: ski@blackmt.com

2009-2010 SEASON PASS APPLICATION

Name: _____ Tel #: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

FULL SEASON PASS

Good Any day at Black Mountain Ski Area.

Please Print Names Clearly:

PRICING DISCOUNT

Before Nov 1/After Nov 1

Adults [18-64]: _____ Total # _____ @ \$399/\$499 = _____

Juniors [6-17]: _____ Total # _____ @ \$249/\$349 = _____

College Students: _____ Total # _____ @ \$249/\$349 = _____
[with ID/Photocopy]

Adults [Ages 65 +]: _____ Total # _____ @ \$249/\$349 = _____

Seasonal Ski Locker Rental Total # _____ @ \$100/\$200 = _____

Total = _____

Payment: _____ Check _____ Visa _____ MC _____ Disc _____ Amex

Credit Card # _____ Exp Date: _____

Signature: _____

Please continue to the next page and sign the Release Form

2009-2010 BLACK MOUNTAIN SEASON PASS RELEASE FORM

I understand and accept the fact that skiing or snowboarding in its various forms is a hazardous sport that has many dangers and risks. I realize that injuries are common and ordinary occurrence of this sport. I agree, as a condition of being allowed to use the ski area facilities and premises, that I freely accept and voluntarily assume all risks of personal injury or property damage and release Black Mountain Ski area and its agents, employees, directors, officers and shareholders from any and all liability for personal injury or property damage which results in any way from negligence, conditions on or about the premises and facilities, the operations of the ski area including, but not limited to, grooming, snow making, ski lift operations, actions or omissions of employees or agents of the area, or my participating in skiing or other activities at the area, accepting myself the full responsibility for any and all such damage or injury of any kind which may result.

I understand that this season pass is for my personal use only. It is not transferable. Season Pass privileges will be revoked for violation of this regulation. If my pass is lost, stolen, mutilated or otherwise deemed up-usable, I agree to contact guest services. A fee of \$25 will be charged for replacement of a season pass. Season passes must be prominently displayed and presented to the ticket checker each time I ride the lift. I agree that if I do not have my season pass, I will be expected to purchase a lift ticket at the regular price. Complimentary tickets will not be issued for lost or forgotten season passes. Management may revoke this Season Pass without refund at anytime for misconduct or misuse. Season Passes are non-refundable.

CONDITIONS OF USE

I, the undersigned, have read and understand the terms of the above Season's Pass and the Release Agreement, which is an essential part of it. I am signing it freely and of my own accord, realizing it is binding upon myself, my heirs and assigns, and in the event that I am signing it on behalf of my minors, that I have full authority to do so, realizing its binding effect on them as well as myself. As a condition of holding a Season Pass identification card and being permitted to use any and all of the facilities of the ski area, I further agree to assume all risk of personal injury or loss or damage to any of my property.

Date: _____ **Signature:** _____

1. _____
Minor's Name Date of Birth

2. _____
Minor's Name Date of Birth

3. _____
Minor's Name Date of Birth

4. _____
Minor's Name Date of Birth

**Please return Application and Release Form to : Black Mountain Ski Area, PO Box B, Jackson NH
03846 or fax to (603) 383 8088**