

Dartmouth XC Ski Pass Application 2016-17

Name: \_\_\_\_\_

Families list all names: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email in order to receive daily trail conditions: \_\_\_\_\_

<u>Trail Pass fees</u>	<u>before 11/7</u>	<u>before 12/15</u>	<u>Starting 12/15</u>
Adult pass		\$125.	\$155
Dartmouth Student		\$ 55	\$ 55
Dartmouth employee/ski club*		\$115	\$140
Junior(6-18)/team member		\$ 70	\$ 95
Family (2 adults and children living at home)	\$290	\$315	\$345

Total Enclosed \_\_\_\_\_

**Children 5 and under free!**

*\* NENSA -New England Nordic Ski Association recognized ski team or club, Ford Sayre, high school teams.*

**Release of Liability**

Please read and sign the following: "Winter sports such as Nordic skiing contain inherent risks and participation in those sports can cause injury or death. As a purchaser/user of this season pass, I agree that as being permitted to use the facilities of Dartmouth Ski Touring Center, 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 Ski Touring Center, the Trustees of Dartmouth College, its affiliates, assigned, employees, officers directors and agents FROM ANY AND ALL LIABILITY or 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 Nordic 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

Signature(s): \_\_\_\_\_

Signature of legal guardian if under 18: \_\_\_\_\_

Mail forms with check made out to "Dartmouth XC Ski Center" to:

**Dartmouth XC Ski Center**

**P. O. Box 9, HB 6142**

**Hanover, NH, 03755**

**PLEASE PICK UP YOUR PASS AT THE SKI CENTER AFTER DECEMBER 25<sup>th</sup>**

Office use: Date paid _____ Sold or received by _____
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