



SKI & RIDE mount peter

845-986-4940

2009-2010

SEASON PASS APPLICATION

ALL SEASON PASS PICTURES WILL BE TAKEN DAILY STARTING OCTOBER 17, 2009 FROM 10AM TO 4PM.
 PLEASE NOTE: YOU MUST HAVE YOUR PICTURE TAKEN NO LATER THAN DECEMBER 24th, 2009 OR YOU WILL BE CHARGED \$15.00 PER PASS. TINY TOT PASSES ARE FREE WITH THE PURCHASE OF AN ADULT PASS AND MUST BE FOUR OR UNDER AS OF DECEMBER 1, 2009. SENIOR PASSES ARE FREE FOR PERSONS AGE 70 AND OVER AS OF DECEMBER 1, 2009. PROOF OF AGE IS REQUIRED; THERE IS A \$15.00/PER PASS PROCESSING FEE FOR ALL TINY TOT, SENIOR & COMP PASSES. LIST FULL NAMES AND DATE OF BIRTH OF ALL APPLICANTS.
 Unlimited Passes are valid any time the mountain is open; Midweek** Passes are valid Mon - Fri open to close.
 BLACK OUT DATES: 12/26/09-1/3/10; 1/16/10-1/18/10; 2/12/10-2/21/10 (PASSES MAY BE USED AFTER 3PM MONDAY-FRIDAY FOR DATES LISTED). Identification is required at time of pass picture taking.
 PLEASE PRINT CLEARLY

Are you a season pass holder from 2008-2009 season? Yes_ No_	Office use only:
	Pass #:

Choose the desired pass type:

**EMAIL ADDRESS: _____

1st PASS NAME _____ D.O.B. _____

Unlimited or Midweek

Pass Type \$ _____
Amount

MAILING ADDRESS _____ CITY / STATE _____ ZIP CODE _____

(_____) _____ (_____) _____
HOME PHONE WORK PHONE

Unlimited or Midweek

2nd PASS NAME _____ D.O.B. _____

Pass Type \$ _____
Amount

3rd PASS NAME _____ D.O.B. _____

Pass Type \$ _____
Amount

4th PASS NAME _____ D.O.B. _____

Pass Type \$ _____
Amount

5th PASS NAME _____ D.O.B. _____

Pass Type \$ _____
Amount

6th PASS NAME _____ D.O.B. _____

Pass Type \$ _____
Amount

Please Check Payment: ___ Visa ___ MC ___ Am/Exp. ___ Discover ___ Check Date of purchase: _____

\$ _____
 Check or CC Amount _____ Check # or Credit Card Number _____ Exp. Date _____ CVC # _____ Name on Credit Card _____
3 or 4 digit # on back of card

Card Holder Signature _____ Office Use Only - Authorization Number _____
 At time of purchase Passholder/Purchaser agrees to all policies and regulations of a Mount Peter Season Pass.

Office Use Only: Date Rec'd _____ Proc.By _____ Acct By _____ Input _____

Where did you hear of Mount Peter? _____

Are you interested in any of Mount Peter's Programs? Please check off which programs you are interested in and we'll send you the information! Ladies' Programs: _____ Dynamites' Program: _____ After School / Weekend Learn to Ski & Snowboard Programs: _____ Race Programs: _____	
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PLEASE READ AND SIGN REVERSE SIDE OF THIS FORM

Mail Application To: Mount Peter P.O. BOX 425, Warwick, New York, 10990
 or Fax: 845-986-4996 (both sides please) Phone: 845-986-4940

Mount Peter's Season Pass Policies & Regulations:

Season Pass Policies:

1. Season passes and their associated benefits/discounts are valid during the 2009-2010 season and will expire after the close of the current season.
2. All purchases are final. There are no refunds for any reason including, but not limited to: sickness, injury, health problems, weather conditions, natural or man made disasters.
3. Season passes are not transferable, and the use of a season pass by anyone other than the purchaser is prohibited and subject to arrest for theft of service. The pass will be revoked for the entire season without refund. Season passes must be clearly visible at all times to lift personnel. Passes must be worn above the waist.
4. A lost season pass must be reported immediately to the ticket office. Replacement cost is \$30.00.
5. *If a season pass is forgotten*, pass holder is required to purchase a full rate lift ticket. No complimentary lift tickets are issued.
6. *Identification* is required to receive your season pass. Proof of age is required for age restricted passes.
7. A season pass may be revoked without refund by management for misconduct, abuse, or violation of the N.Y.S. Code Rule 54, Article 18, "SAFETY IN SKIING CODE."
8. *Mount Peter* will not tolerate any antisocial misconduct of any form. Violations of ski area policy will result in revocation of season pass, non-refunded. Passholder agrees to seek and read ski area policy that is posted at the information board.
9. *The season pass offer* is based on existing facilities.
10. By purchasing this season pass, the passholder understands and agrees that Mount Peter may use photographs of the holder for marketing purposes without further release. Any persons wishing not to allow Mount Peter use of their image must complete a Pass Holder Photo Opt Out Form available at the Customer Service Office, by mail or by email upon request. This must be completed before their season pass photo is taken.
11. Upon sale completion of a season's pass you, the user, have agreed to all the rules, policies and regulations for season pass holders.
12. By purchasing a seasons pass I agree to enter my address onto Mount Peter's mailing list. If I wish to opt out I need to notify Mount Peter in writing.
13. At no time are coolers, strollers, etc. allowed in either lodge. Items such as these should be kept in your car. No outside alcoholic beverages are allowed on the premises.

Hours of Operation:

1. The 2009-2010 Unlimited Season Pass and Mid-Week Season Pass are valid during the Winter Season. All operating days are weather dependent. The tentative Winter Season is generally from early December to the end of March. Mount Peter's night operating schedule, with extended hours to 9pm Monday-Saturday is January 4, 2010 thru Mid-March, weather dependent. These hours are subject to change without notice.
2. All dates, hours of operation, rates and provisions are subject to change without notice. Mount Peter is not responsible for any typographical errors or omissions in any advertisement.

Refund / Transfer Policies:

1. All purchases are final. There are no refunds.
2. If a passholder would like management to consider a transfer of the pass they must request a Season Pass Request of Transfer Form before February 1, 2010. The form must be completed and all documents must be submitted prior to March 1, 2010. After this date requests will not be honored under any circumstance. There is a \$30.00 request fee. Please allow 90 days for notification.

At time of purchase Passholder / Purchaser agrees to all policies and regulations of a Mount Peter Season Pass.

Signature of Purchaser / Passholder: _____

Sales Person Initial if purchased over the phone: _____

Printed Name of Person Responsible for All Listed Applicants. If under 18 parent/guardian must sign.

Name: _____

Signature: _____

NOTICE:

This form must be signed before your pass is processed. If you do not fully accept the conditions below you may not participate in the sport of skiing at Mount Peter.

**NOTICE:
SKIERS AND SKI LIFT PASSENGERS
ARE GOVERNED BY THE
NEW YORK STATE SAFETY IN SKIING CODE.
(ARTICLE 18, OF THE NYS GENERAL OBLIGATIONS LAW)**

Before accepting this pass or allowing this pass to be affixed to your person, your attention is directed to a posted **'WARNING TO SKIERS'** which is displayed below and where ski lift passes are purchased. New York State Law requires you to seek out, read, review, and understand that **'WARNING TO SKIERS'** before you desire to participate in the sport of skiing.

WARNING TO SKIERS: Downhill skiing, like many other sports, contains inherent risks including, but not limited to the risk of personal injury, including catastrophic injury, or death, or property damage, which may be caused by variation in terrain or weather conditions; or surface or subsurface snow, ice, bare spots or branches, trees, roots, stumps; or other natural objects or man made objects that are incidental to the provision or maintenance of a ski facility in New York State. New York law imposes a duty on you to become apprised of and understand the risk inherent in the sport of skiing, which are set forth above, so that you make an informed decision on whether to participate in skiing notwithstanding the risks. New York also imposes additional duties upon you, to which you must adhere, for the purpose of avoiding injury caused by any of the risk inherent in skiing. If you are not willing to assume all of these risks and abide by these duties, you must not participate in skiing at this area.

I have read and understand the 'WARNING TO SKIERS' and agree to abide by Article 18 of the NYS General Obligation Law.

X _____
Signature (If under 18 Parent or Guardian must sign.)

Date: _____