

SEASON PASS APPLICATION

FALL 16/17 TODAY'S DATE ____ / ____ / ____

APPLICANT #1 / PARENT OR LEGAL GUARDIAN

All fields required. Please print clearly.

FIRST NAME – LEGAL NAME _____ MI _____ LAST NAME _____ BIRTH DATE (MM/DD/YYYY) _____

MAILING ADDRESS – STREET, APT./STE. _____ CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

MALE FEMALE HOME PHONE _____ EMAIL _____ TYPE OF PASS _____

PASS INSURANCE

Pass Insurance is offered through Beecher Carlson Insurance Services, to cover you and your investments when the unexpected happens. Please accept or decline below. If you decline Pass Insurance at this time you have 30 days from the pass purchase or until October 15, 2016, whichever comes later, to purchase Pass Insurance. **If you do not accept Pass Insurance, you will not be eligible for a refund of any kind.**

I accept Pass Insurance I decline Pass Insurance coverage. Please initial here _____

Coverage applies to all Vail Resorts Season Pass or pack products valid for the 2016/2017 season, October 15, 2016 through April 15, 2017. All refunds are based on the cost of the pass minus a daily rate for every day used (10/15/16–4/15/17) up to the face value of the Season Pass.

*Note: Pass Insurance is non-transferable and non-refundable. Ask a sales associate for more information or for a copy of the policy.

AUTO RENEW

Auto Renew is the most convenient way to automatically renew your Season Pass every year, while guaranteeing next season's lowest price.* Can't commit? Don't know your plans for next season? Just cancel, without question or charges, before your first payment is applied in the Spring.

Yes, please enroll me in the Auto Renew Program. No, thank you. I do not wish to sign up for Auto Renew at this time.

Your \$49 Spring payment (charged on/around 3/15/17) and your remaining Fall payment (charged on/around 9/15/17) will be charged automatically every year. Pass holders will be notified via a reminder email, prior to each charge taking place. You may cancel without penalty before 3/15/17 or prior to the charge of your \$49 Spring payment (whichever comes later). You may also enroll in Auto Renew any time after your initial purchase by calling 800.842.8062. *Only available for eligible products.

RESORT CHARGE

With Resort Charge you can attach a credit card to your Season Pass and use it to charge at designated Vail Resorts' on-mountain restaurants and retail locations. (Not available at Arapahoe Basin Food and Beverage and select Vail Resorts locations.) If you choose to take advantage of Resort Charge, you also have the option to sign-up for Direct-To-Lift access. Direct-To-Lift privileges enable you to bypass the ticket window and go directly to the lift at our resorts through an automatic charge to your credit card. When you present your Season Pass, your credit card will be charged a discounted daily lift ticket rate. Use the Direct-To-Lift feature when your Season Pass is restricted or at locations where it is not valid. If you choose to enable Direct-To-Lift privileges, please be aware of restricted dates associated with your pass.

Yes, please sign me up for Resort Charge. Plus Direct-To-Lift access.
 No, thank you. I do not wish to sign up for Resort Charge at this time.

Resort Charge Agreement

I hereby authorize a Vail Resorts affiliate company to charge my credit card each time my Season Pass is presented for charging privileges at participating Vail Resorts' establishments. I understand that some restrictions may apply. I understand that I will be responsible for all charges made using my Season Pass and that I am responsible for securing my pass. Please report lost or stolen passes immediately.

Direct-To-Lift Access Agreement

I hereby authorize Vail Resorts to charge my credit card when my Season Pass is presented to a lift attendant on invalid or restricted days. I understand that I will be responsible for all charges made using my Season Pass and that I am responsible for securing my pass. Please report lost or stolen passes immediately.

ADDITIONAL APPLICANTS

Please use if additional applicant's address is same as above.

#	FIRST NAME – Legal Name	MI	LAST NAME	BIRTH DATE	MALE	FEMALE	PASS INSURANCE?	AUTO RENEW?	RESORT CHARGE?	DTL?
#2	_____	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>Initial to Decline</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
	TYPE OF PASS _____									
#3	_____	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>Initial to Decline</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
	TYPE OF PASS _____									
#4	_____	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>Initial to Decline</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
	TYPE OF PASS _____									

NATIONAL FOREST FOUNDATION / TAHOE FUND / MOUNTAIN TRAILS FOUNDATION



Vail Resorts has partnered with the National Forest Foundation, Tahoe Fund and Mountain Trails Foundation to support projects that improve and enhance the iconic landscapes that surround our resorts. And, we're offering guests an easy way to join us in caring for these spectacular places – you can voluntarily contribute \$1 per pass purchase to help protect Colorado's forests and Lake Tahoe or to build and maintain trails in Park City. If you would prefer not to contribute, please check the box below and we will gladly remove the donation from your purchase.

I PREFER **NOT** TO CONTRIBUTE TO THE NATIONAL FOREST FOUNDATION, TAHOE FUND OR MOUNTAIN TRAILS FOUNDATION.

2016/2017. Valid for resorts purchased. Restrictions may apply. For complete details on restrictions and blackout dates, as well as explanation on our product age groupings, please visit epicpass.com or ask a sales representative. For questions, call 800.842.8062. Processing is not available at Arapahoe Basin.

PLEASE SIGN ON PAGE 2

SEASON PASS, SKI SCHOOL, AND SKI AREA ACTIVITY WARNING, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

THIS PASS IS NOT TRANSFERABLE AND MAY NOT BE RESOLD. The pass may be confiscated and not re-issued if, in the sole judgment of the ski area operator, the pass holder: 1) acts in a manner that could endanger the safety of any person; 2) violates the law; 3) provides ski lessons or related services for compensation; or 4) engages in fraud or misconduct or creates a nuisance. Re-issued passes may be subject to a replacement fee. I agree to immediately notify the ski area operator and authorities if the pass is lost or stolen and that failure to do so may result in loss of skiing privileges. I also understand and acknowledge that this pass is non-refundable.



RF Technology: We have enabled your pass with Radio Frequency (RF) Technology. RF Technology allows us to read RF passes at short range through jackets and clothing for convenience and ease of use. We use RF readers to authenticate lift passes and to determine customer presence at ski lift boarding zones. To learn more about RF Technology, please visit snow.com/rft.

PLEASE READ CAREFULLY. THIS IS RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I represent that I am either the pass holder or, if the holder is under 18, that I am the parent or legal guardian of the pass holder. **I UNDERSTAND THAT SKIING, SNOWBOARDING, SKI/RIDE INSTRUCTION, RACING/COMPETING, AND/OR USING ANY OF THE SKI AREA FACILITIES, INCLUDING THE LIFTS, OVER-SNOW VEHICLES, TERRAIN PARKS AND RACE COURSES, FOR ANY PURPOSE (THE "ACTIVITY"), CAN BE HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY OR DEATH. I AGREE THAT "SKI AREA FACILITIES" AND "ACTIVITY" ALSO INCLUDE TUBING, ICE SKATING, SLEDDING, ZIP-LINING, ROPES COURSES, ROCK CLIMBING, ALPINE COASTERS AND ANY OTHER FAMILY OR ADVENTURE ACTIVITY AVAILABLE AT OR THROUGH THE SKI AREA.**

I understand that risks related to the Activity include but are not limited to: falling, slick or uneven surfaces; surface and subsurface snow conditions; avalanches; cornices; moguls; ice; variations in terrain; design and condition of man-made facilities, terrain features, or race venues; terrain selection of an instructor; downed timber and other forest growth; tree stumps and wells; rocks and debris; marked and unmarked obstacles; collisions; equipment failure, malfunction, or misuse; encounters with snowmobiles, snowcats and/or other motor vehicles; lift loading, unloading, and riding; adverse weather; limited access to and/or delay of medical attention; fatigue; dehydration; hypothermia or frostbite; altitude sickness; & mental distress from exposure to any of the above.

I agree that the pass holder assumes the responsibility of maintaining control at all times while skiing or riding. I further agree that the pass holder is responsible for reading, understanding and complying with all signage and verbal instructions of ski area employees. The pass holder must have the physical dexterity and knowledge to safely load, ride and unload the lifts. I understand that a minor may use the ski lifts without an adult present and that vehicles, snowmobiles, snowcats, snowmaking, and/or snow-grooming equipment may be encountered at any time.

RECOGNIZING THESE RISKS AND DANGERS, I VOLUNTARILY CHOOSE TO PARTICIPATE (OR FOR THE PASS HOLDER TO PARTICIPATE) IN THE ACTIVITY AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE ACTIVITY, WHETHER OR NOT DESCRIBED ABOVE, KNOWN OR UNKNOWN, INHERENT OR OTHERWISE.

In consideration for being allowed to participate in the Activity, **I AGREE NOT TO SUE AND TO RELEASE FROM ALL LIABILITY** Vail Resorts, Inc., The Vail Corporation, and their affiliated companies, including but not limited to those that operate the Vail, Beaver Creek, Keystone, Breckenridge, Heavenly, Kirkwood, Northstar California, Park City, Afton Alps, Mt. Brighton and Wilmot Mountain resorts, Dundee Realty USA, LLC d/b/a Arapahoe Basin Ski Area, the U.S. Forest Service, and all their respective affiliates, subsidiaries, insurance companies, successors in interest, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") for any property damage, injury or loss, including death, which arises in whole or in part out of the pass holder's participation in the Activity, including those claims based on any Released Party's alleged or actual **NEGLIGENCE, BREACH OF ANY CONTRACT AND/OR EXPRESS OR IMPLIED WARRANTY.** By agreeing not to sue, **I AM RELEASING ANY RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST ANY RELEASED PARTY.** I also **AGREE TO DEFEND AND INDEMNIFY/REIMBURSE** each Released Party from any claims, from myself and/or a third party, arising in whole or in part from the pass holder's participation or for **ANY MISREPRESENTATIONS MADE IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.**

I AGREE THAT ANY AND ALL CLAIMS for loss, injury and/or death regarding an alleged incident **SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED** and **EXCLUSIVE JURISDICTION** shall be in the state or federal court sitting in the district where the alleged incident occurred (except that all claims arising at Heavenly shall be governed by California law and exclusive jurisdiction shall be in a California court of competent jurisdiction).

FOR WILMOT MOUNTAIN ONLY: I understand that, for a fee of \$100.00 in addition to the normal season pass price, Wilmot Mountain offers an optional season pass that does not require me to sign a Release of Liability. In signing this Release of Liability, I acknowledge I am aware of this option, do not wish to pay this fee, accept the full scope of this Release of Liability and hereby waive my right to purchase the same.

BY SIGNING ON BEHALF OF A MINOR, I REPRESENT THAT I AM THE LEGAL PARENT OR GUARDIAN OF THE PASS HOLDER, I authorize a licensed physical or other medical care provider to carry out any emergency medical care for pass holder, and I acknowledge that the pass holder shall be bound by all the terms of this Agreement. By signing this Agreement without a parent or legal guardian's signature, I represent that I am at least 18 years old.

I understand that this Agreement is a contract and shall be binding to the fullest extent permitted by law. If I or the pass holder choose to take part in any renewal or auto-renewal program, this Agreement will remain in effect for so long as the pass holder participates in such program. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. It is my intent that this Agreement shall be binding upon my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

Signature of Applicant #1 or Parent/Legal Guardian of MINOR Applicant(s)

Signature of Applicant #3

Printed Name of Applicant #1 or Parent/Legal Guardian of MINOR Applicant(s)

Printed Name of Applicant #3

Signature of Applicant #2

Signature of Applicant #4

Printed Name of Applicant #2

Printed Name of Applicant #4

TO BE COMPLETED BY STAFF

Customer ID: _____ Location: _____ Date: _____ Sales Person: _____