

For Office Use Only

Group Name: WOMEN'S WEDNESDAY

Program Day: WEDNESDAY Time: 8:30 – 4:00

Program Start Date: January 6, 2010



### PROGRAM RULES & POLICIES

- **DURATION** - The **Catamount Women's Wednesday Program** provides each participant with a full-day on-mountain pass which is valid daily or for a predefined number of weeks (usually six(6) starting in January). **No program sessions are conducted during the February President's Day vacation week.**
- **REFUNDS & MAKE-UPS** – While make-ups will be organized for the entire group where circumstances warrant, there are **NO REFUNDS OR INDIVIDUAL MAKE-UPS** permitted under this program for any reason.

### PROGRAM PARTICIPANT'S DETAILS

Please complete **ALL** the information requested below. Please print clearly using black or blue ink.

Participant's Full Name: .....

Address: .....

City: ..... State: ..... Zip: .....

Phone (Day): ..... (Evening).....(Mobile) .....

E-mail Address: .....

**Discipline:** Snowboard: ..... Ski: .....

**Ability Level:** Beginner\_\_\_\_ Intermediate\_\_\_\_ Advanced\_\_\_\_

### PROGRAM TERMS & CONDITIONS - DECLARATION & ACCEPTANCE

**Please read carefully before completing and signing**

1. I acknowledge that skiing and snowboarding, like many other sports, contains inherent risks including but not limited to the risks of personal injury, death or property damage which may be caused by variations in terrain or weather conditions, surface or sub-surface snow, ice, bare spots or areas of thin cover, moguls, ruts, bumps, other persons using the facilities, rocks, forest growth, debris, branches, trees, roots, stumps or other natural objects or man-made objects that are incidental to the provision and/or maintenance of a snowsports facility in the states of New York and Massachusetts. In this regard, I agree to be bound by the provisions of Mass. G. L., Ch 143, Sec 71P or NYS Gen Obligations Law, Article 18, as applicable.
2. I understand that an on-mountain pass will be issued to the participant named herein, valid for the duration of the program. I further understand that a fee of \$5 will be levied in respect of a forgotten pass (one occasion only permitted after which it will be treated as a lost pass) and \$30 for the issue of a replacement pass.
3. I understand that the participant's on-mountain privileges may be revoked for 1. vandalism, theft or destruction of property owned by Catamount or others; 2. use or sale of prohibited or restricted substances or alcohol on the Catamount property; 3. selling, transferring or loaning of an on-mountain pass of any description; 4. reckless behavior of any description on or off the mountain, 5. entering or using closed trails and areas; 6. misuse of on-mountain lifts or 7. misuse of the on-mountain permit.
4. I hereby certify that **all information** submitted on this form is true and correct to the best of my knowledge and belief.
5. I acknowledge that the Catamount Women's Wednesdays Program is a pre-paid program. I further acknowledge and agree to pay the full cost of my participant's enrolment in this program in the amount of \$ ..... (as calculated on back). I have provided my preferred payment method and information on back.
6. I have carefully read the Rules, Policies, Terms and Conditions of this program and agree to be bound by the same.

Participant's Signature ..... Date: .....



**WOMEN'S WEDNESDAYS PROGRAM  
PRICING & PAYMENT SCHEDULE**

**Your Group Name: Women's Wednesdays Program**  
**Your Program Day: WEDNESDAY      Time: 8:30 – 4:00**

Please complete in the following schedule in accordance with your groups chosen day and time slot, specifying the services that you require for this participant.

<b>Wednesday Day</b>		
	Session ends At 4pm	
6 Sessions	\$289	
6 Sessions Season Pass Holders	\$210	
Daily	\$57	
Daily – Season Pass Holders	\$40	
Rental-6 week	\$95	
Rental – per Day	\$30	
Total		\$

\* Please note that we do not offer snowblade or skiboard lessons or rentals as part of this program at this time.

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**PROGRAM PAYMENT**

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I have enclosed my check or money order **OR**  I authorize Catamount to charge my credit-card (details below)

Credit Card Type:    Visa     Mastercard     American Express     Discover

Credit Card #: ..... Name on Card .....Expiry Date .....

Cardholder's Signature ..... Date .....