

# SUMMER SCENIC LIFT PASS 2016

Summer Season Passes must be presented to the Ticket Checker before boarding each ride. Please have your pass out and ready for the Ticket Checker to avoid any unnecessary wait in the lift line. Those not ready will be asked to step aside until prepared. They may re-enter the lift line as soon as their pass is out and ready for the Ticket Checker. **Pass/Card holder INITIAL:** \_\_\_\_\_

Summer pass holders are responsible for knowing where their pass is at all times. Lost season passes must be reported to the Information Center immediately. Pass holders will be held accountable for misuse if lost pass is not reported. In the event someone other than the pass holder tries to access the lift with the pass, that individual will be arrested for Theft of Services. The pass will be void for the balance of the season. **Pass/Card holder INITIAL:** \_\_\_\_\_

Summer Season Pass holders are entitled to one "Forgotten" ticket per season. This ticket is to be used by the pass holder ONLY. It is not transferable. On the day the Season Pass holder uses their "Forgotten" ticket their pass will be deactivated for that day. Abuse of this privilege is considered a criminal offense. **Pass/Card holder INITIAL:** \_\_\_\_\_

Resort operating times and dates are at the sole discretion of Whitefish Mountain Resort and are subject to change at any time and without notice. **Pass/Card holder INITIAL:** \_\_\_\_\_

SUMMER SEASON PASSES ARE NON-REFUNDABLE, NON-TRANSFERABLE, AND ARE REVOCABLE FOR MISCONDUCT. MUTILATED OR ALTERED PASSES WILL BE VOID. USE OF THIS PASS BY ANYONE OTHER THAN THE PERSON TO WHOM THE PASS IS ISSUED IS A CRIMINAL OFFENSE. PASSHOLDERS WHO KNOWINGLY LET SOMEONE ELSE USE THEIR PASS WILL LOSE LIFT PRIVILEGES FOR THE REMAINING PART OF THE SEASON. **Pass/Card holder INITIAL:** \_\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND DUTY OF CARE

I am signing this document as a condition to my participation in one or more of the recreational activities available at Whitefish Mountain Resort. My signature on this document represents my express acknowledgment that the activities in which I may choose to participate involve risks and that I could suffer injury or death while participating. I also understand that I have the right and opportunity to investigate the risks and to inspect the facilities, location or equipment associated with the activity or activities.

I am voluntarily participating in the activity or activities with an understanding of the risks and despite the existence of the risks. I choose to participate in the activity or activities even though I know they are risky. Among the risks are the following: boarding, riding and disembarking the lifts or vehicles; hiking on rough and uneven terrain; changing weather conditions which may cause the trails, walkways and equipment to be slippery; equipment failure; falls; slips and falls; over-exertion; fear of heights; failure to remain within designated areas; impacts with natural and man-made objects or individuals; the description of risks is incomplete and other unknown or unanticipated risks may be encountered, as defined under Montana law, Title 27, Chapter 1, Part 7, Mont. Code. Ann.

I acknowledge my personal responsibility to advise myself of the risks of the activity or activities and to act reasonably under the particular circumstances of my participation. I agree to act responsibly and reasonably. I acknowledge the application of the Montana Recreation Responsibility Act, Title 27, Chapter 1, Part 7, MCA.

I agree that this Acknowledgment of Risk shall be governed by and interpreted solely in accordance with Montana law, and no other jurisdiction. Any litigation involving the parties to this Acknowledgment of Risk must be brought solely within the Montana State or Federal Courts, which shall have the exclusive jurisdiction over any such cause.

I acknowledge this activity could aggravate pre-existing medical conditions. Participation in this activity with pre-existing conditions is not recommended.

In signing this Acknowledgment Of Risk, I am not relying on any oral or written representations or statements made by representatives of Winter Sports, Inc., its employees, agents or representatives, other than what is set forth in this Acknowledge Of Risk.

I am 18 years or older.

I am under the age of 18 years.

If I am less than 18 years of age, my parents or legal guardian has read and agreed to this Release as indicated by his/her signature below. The parent or guardian signing below also agrees that (1) Whitefish Mountain Resort, WSI or its representatives has permission and authority to treat and address medical conditions and emergencies as they deem appropriate; (2) the signing parent or legal guardian also agrees to pay any charges for such medical treatment and will indemnify Whitefish Mountain Resort, WSI, or its representatives for the same. I have made no misrepresentation regarding my name or age.

PRINT NAME \_\_\_\_\_

Signature \_\_\_\_\_ Birth Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_