

Mt. Washington Valley Chamber of Commerce Valley Sampler Golf Pass Application

To be eligible to purchase a Valley Sampler Road to the Links Golf Pass, you must be a full-time employee of a Mt. Washington Valley Chamber of Commerce member in good standing.

1. Please completely fill out the application and liability form (located on reverse side). Your employer must fill out the Employment Verification section below.
2. Email to visitor@mtwashingtonvalley.org for processing. Passes will be ready for pick-up at the Chamber office at 2473 White Mountain Highway. (We're in the salmon building next to Bavarian Chocolate Haus).
3. If you would like it mailed send the application with a SASE to PO Box 2300, North Conway NH 03860 (MWVCC is not responsible for delays with the Postal Service)
4. Drop off at the Chamber office at 2473 White Mountain Highway Mon-Fri from 9:30-4:30

PASSHOLDER NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____

Method of Payment: \$145 ____

Gift Certificate

____ Check # _____ (Checks made payable to MWVCC. \$20 charge for returned checks) ____

Cash

____ Charge Card - Credit Card Number: _____

Exp: _____ CVV: _____ Name on Card: _____

Authorized Signature: _____

EMPLOYER VERIFICATION: (Please print.)

I, _____, verify that _____
Employer Employee

Is a full-time employee at _____

Employer Signature: _____ Business Name
EIN: _____ Date: _____

Office Use Only:

Pass # _____ Date Received: _____ Date Processed: _____

Pass Pick Up. _____ Signature of Recipient (if not the pass holder). _____

Mt. Washington Valley Chamber of Commerce Release from Liability and Conditions of Use

As a condition of purchasing a MWVCC Golf Pass, for payment received, I agree to the following:

1. I vow that I am a full-time employee of a MWVCC member in good standing. Full-time employee is described as someone who works at least 32 hours per week in a season or an average of 32 hours per week for the year.
2. I am entitled to 2 visits each at the participating area golf courses: (Androscoggin Valley Country Club, Bridgton Highlands Country Club, Eagle Mountain House Golf Club, Mountain View Grand Golf Course, Omni Mount Washington Golf Club, Hale's Location Golf Course, Indian Mound Golf Club, Wentworth Golf Club, Province Lake Golf Course). This pass is good anytime, space is available Monday-Thursday for the months of May, June and after September 15th and after 1:00 pm for the months of July, August and through September 15 (non-holidays). Tee times required, cart mandatory. I understand that this pass is for my use only unless otherwise indicated. Initial _____
3. I understand that in order to use my golf pass I must show my valid driver's license.
4. I understand that my pass is non-transferable, and the pass is good for 2 visits at each golf course and will be punched to indicate use: if I choose to bring a guest, both punches for that given course will be removed from my pass. Any misuse of my pass will cause my pass to be revoked without refund and restitution will be demanded. Furthermore, I understand that if I were to transfer my pass to another person, I would be subject to prosecution in accordance with New Hampshire statute RSA:637 "Theft of Services".
5. I understand that if my pass is lost or stolen, I have purchased this pass at my own risk. The Mt. Washington Valley Chamber of Commerce and/or the participating golf courses are under no obligation to provide me with a replacement pass.
6. I understand and accept that golfing is a hazardous sport with many dangers and risks. I agree as a condition of being permitted to use the golf facility and premises that I freely accept for myself and voluntarily assume all responsibility for all risks of injury, death or property damage that might result from golfing or other activities at the participating golf courses, and agree that the MWVCC and/or the golf course are in no way responsible for any liability concerns.
7. Any disputes concerning the use of this golf pass or arising out of any personal injury or death related to my golfing at the participating golf courses shall be resolved exclusively within the courts of New Hampshire, and the State of New Hampshire laws shall apply.
8. I understand that this pass is valid for the present golf season only.
9. I understand that failure to abide by the rules and regulations of the participating golf courses will result in revocation of the pass without refund.
10. I understand that this pass is a privilege, not a right, and I am expected to behave as a good will ambassador of the valley when golfing at any of the participating courses.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE SEASON PASS PROGRAMS AND RELEASE AGREEMENT WHICH IS AN ESSENTIAL PART OF IT. I AM SIGNING IT FREELY AND OF MY OWN ACCORD, REALIZING IT IS BINDING UPON MYSELF, MY HEIRS AND ASSIGNS.

SIGNATURE: _____ DATE: _____