

Mt. Washington Valley Chamber of Commerce

Valley Sampler Ski Pass Application - \$369.00

To be eligible to purchase a 2025-2026 Valley Sampler Ski Pass, you must be a **full-time employee (32 hours)** of a **full member** in **good standing** with the Mt. Washington Valley Chamber of Commerce. Disrespect or abuse of our staff or ski area representatives will not be tolerated. Such behavior will result in forfeiture of the pass and future eligibility, both for the individual and potentially their organization. **WE RESERVE THE RIGHT TO REFUSE ANY APPLICANT WHO DOES NOT COMPLY WITH THESE INSTRUCTIONS.**

SUBMIT ALL OF THE FOLLOWING FOR YOUR PASS TO BE CONSIDERED.

- 1) **A completed application (this form).** Don't forget to read, initial, and sign the *Release from Liability and Conditions of Use* on page 2
- 2) **A headshot.** A phone selfie works well. YOU CANNOT HAVE ANY ITEMS OBSTRUCTING YOUR FACE (SUNGLASSES, HAT, ETC.). You can email it along with your completed application or bring the photo file in for us to print when you pick up your pass. If you print it yourself, it must be on regular paper sized 1^{1/2} inches wide x 1^{5/8} inches tall. **DO NOT STAPLE OR TAPE A PHOTO TO THIS FORM.** WE DO NOT ACCEPT PREVIOUSLY LAMINATED PHOTOS. You do NOT need a passport photo.
- 3) **Your most recent paystub.** You may black out your pay, but your hours must be visible.
- 4) **Payment.** Pay in-person with cash/check/debit/credit when you drop off your application or pick up your pass.

HOW TO SUBMIT: Email the application, headshot and paystub to lisa@visitmwv.com **or** drop them off at the Chamber office, 2473 White Mountain Highway, North Conway Village, Mon-Fri 9:30A-4P.

Alpine Locations: Attitash, Bretton Woods, Cranmore Mountain Resort, King Pine, Pleasant Mountain and Wildcat.

Nordic Locations: Bretton Woods Nordic Center, Bear Notch Ski Touring Center, Great Glen Trails Outdoor Center, Purity Spring XC & Snowshoe Reserve, Jackson Ski Touring Foundation, MWV Ski Touring & Snowshoe Foundation.

PASSHOLDER NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____

Your email address will be shared with the participating ski and Nordic areas for their marketing use.

Method of Payment: Online___ Cash ___ Credit Card___ Check ___ (made payable to MWVCC. \$40 charge for returned check)

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 _____

Business Name

Employer Signature: _____ EIN: _____ Date: _____

Office Use Only: Pass # _____ Date Received: _____ Date Processed: _____

Date Pass Pick Up: _____ Signature of Recipient (if other than pass holder): _____

REVIEW, INITIAL AND SIGN AS INDICATED

Mt. Washington Valley Chamber of Commerce **Release from Liability and Conditions of Use** of purchasing a Valley Sampler Ski Pass, for payment received, I agree to the following:

1. I am a full-time employee of a MWVCC member in good standing. A full-time employee is described as someone who works at least 32 hours per week on at least a seasonal basis. A recent paystub is required. **INITIAL:**

2. I understand that I will receive 5 experiences at each participating ski area or Nordic center. **The following restrictions apply: skiing/riding is available Sunday-Friday with the following blackout periods: Dec 24, 2025 through Jan 4, 2026; Jan. 18, 2026 (MLK Sunday); Feb 14–22, 2026; and all Saturdays.** Pass holders may bring guests—one punch will be eliminated per person. Limited to one Ski Area or Nordic Center per day.

INITIAL:

3. I understand that to use my Valley Sampler Ski Pass, I must show it at the ticket office each day I wish to ski to receive a valid lift ticket for that day. I also understand that I may be asked by the ticket seller to provide my driver's license or other photo ID as additional identification. **INITIAL:**

4. I understand that each time I board the lift, I must be prepared to show both my Valley Sampler Ski Pass and my daily lift ticket to the lift attendant on duty. **INITIAL:**

5. I understand that my pass is not transferable, and the pass is good for one mountain/center per day and will be punched to indicate use. **Any misuse of my pass or my daily lift ticket will cause my pass to be revoked without a refund and restitution will be demanded. This includes any negative behavior shown to lift attendants, guest services and ticket sales personnel. 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".** **INITIAL:**

6. Because there is no way to verify usage, **we are unable to replace a lost or stolen pass.** You will have the option to purchase another one at full price while supplies last. If you provide us with a damaged pass, then we will issue a new pass for \$15.00. **INITIAL:**

7. I understand and accept that Alpine Skiing, Nordic Skiing, and Snowboarding are hazardous sports with many dangers and risks and that injuries are a common and ordinary occurrence of the sport. I understand that trails and surface conditions vary and will change with skier use, weather conditions and other factors resulting in bare spots, variations in snow, ice and terrain, along with bumps, ruts and moguls. Other skiers, snowmaking pipes, lift towers, forest growth, tree stumps and debris, rocks and many other hazards are adjacent to trails. I specifically agree that before I ski, I will, if I desire, inspect the area involved, investigating for hazards. If I choose to ski, I realize that numerous hazards exist, some of which are obvious, and some are not. I agree as a condition of being permitted to use the ski area facility and premises that I freely accept and voluntarily assume responsibility for knowing the range of my skiing ability and my ability to use different types of ski lifts. Further, I accept for myself and voluntarily assume all responsibility for all risks of injury, death or property damage that might result from skiing or other activities at the participating ski areas, and agree that the MWVCC and/or the ski area are in no way responsible for any liability concerns. **INITIAL:**

8. Any disputes concerning the use of this season pass or arising out of any personal injury or death related to my skiing at the participating ski areas shall be resolved exclusively within the courts of New Hampshire, and the State of New Hampshire laws shall apply. **INITIAL:**

9. I understand that this pass is valid for the 2025-2026 ski season only. **INITIAL:**

10. I understand that failure to abide by the rules and regulations of the participating Ski Areas or Nordic Centers will result in revocation of the pass without a refund. We hold the right to deny a ski pass or Nordic ticket to any person causing an unpleasant experience for ski area and Nordic center employees. **INITIAL:**

11. I understand that this pass is a privilege not a right and that I am expected to behave as a goodwill ambassador of the valley when skiing or riding at any of the participating areas. **INITIAL:**

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE SEASON PASS PROGRAM 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: _____