*Pine Knob Ski Resort, Inc*. 2018-2019 Season Membership Application

7778 Sashabaw Rd Clarkston, MI 48348 248-625-0800 Fax: 248-625-3017

Email: office@skipineknob.com www.skipineknob.com

Primary Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| First Name | Last Name | DOB month/day/year | $ Amount paid | Pass # & Date Rec’d |
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***Proof of age required for all discounted passes!***

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| --- | --- | --- | --- | --- |
| Age | On or before 9/30 | On or before 10/31 | On or before 11/30 | 12/1 – end of season |
| 19 yrs. + | $460 | $518 | $546 | $575 |
| 13-18 yrs. | $396 | $446 | $470 | $495 |
| 6-12 yrs. | $336 | $378 | $399 | $420 |
| 5 yrs. & under | FREE with purchase of Adult 19 years + pass! |
| Senior 65+ | $414 | $465 | $491 | $517 |

***Rules:***

**1. *NO REFUNDS - ALL SALES FINAL***!

**2**. NO lift tickets will be available without additional charge, so – do not leave your pass at home!

**3**. $50 replacement fee for lost or stolen pass.

**4.** Reselling, exchanging, lending or obtaining passes under false terms, will result in immediate loss of pass and all privileges, without refund.

**5**. Season Passes must be clearly visible at all times.

**6**. Pass holders must heed all signs and follow all rules posted or otherwise implied by the Michigan Ski Area Safety Act and Skier Responsibility Code

**DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ THE SAME AND FULLY UNDERSTAND IT.**

I understand and accept that downhill skiing and/or snowboarding in its various forms, is an inherently hazardous and dangerous activity. Such activities include many risks including the risk of serious injury and death. I freely and knowingly accept and voluntarily assume all risks of property damage, personal injury and death to me while on the premises of the ski area.

I hereby expressly release from liability the ski area, its agents, employees, directors, officers, shareholders, ski patrollers, ski instructors, affiliates, partners, corporations, associations and the like from any and all claims, actions, causes or action demands, rights, damages, costs, loss of services, expenses and compensation whatsoever which the undersigned now has or which may hereafter accrue on account of any foreseen or unforeseen bodily injuries and/or damages.

I represent and warrant that this release extends to my heirs, executors, administrators, successors, spouse, dependents, children and assigns and I hereby freely and voluntarily acquit and forever discharge any cause of action for the consideration of a reduced charge for a season ski pass and access to the ski area for an entire ski season.

The undersigned further agrees for and on behalf of any minor who is involved in obtaining this season ski pass and/or any of the services of the resort that the undersigned parent, adult guardian, supervisor, and/or conservator agrees to indemnify and hold harmless the ski area, the ski school, and any of its instructors, agents, administrators, employees, firms, servants, corporations, affiliates, partnerships and the like from and for any and all damages, legal fees or expenses, fees and costs, rights, causes of action, losses, claims and actions which may, do or shall arise or grow out of any known or unknown injuries and/or damages which occur as a result of engaging these services and/or while participating in activity on the premises of the ski area.

Signature (if minor, Legal Guardian’s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Type of payment (circle one) Check#\_\_\_\_\_\_\_\_\_\_ Cash Visa MasterCard American Express DiscoverDate:\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid $ \_\_\_\_\_\_\_\_\_\_\_\_ Driver License # (if paying by check) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_ 3 digit code: \_\_\_\_\_\_\_\_Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |