



22-23 Employee Season Pass Agreement

Wisp Employee Season Pass Contract and Release Agreement

Please read carefully.

I understand and accept all terms and conditions stated in the Wisp Season Pass Contract & Release Agreement and agree to be bound by them as a condition of using any facilities at Wisp. I hereby acknowledge that skiing is an inherently dangerous sport that can lead to serious injury or even death. I hereby agree to personally assume any and all liability and risk of skiing. I further agree not to sue Wisp or any of its employees if injured while using the ski facilities regardless of any negligence of Wisp or any of its employees or agents. I also agree to assume any and all loss or damage to any personal property and agree not to sue Wisp or any of its employees if any personal property is damaged or lost regardless of any negligence of Wisp or any of its employees or agents.

I understand and agree that skiing requires concentrated effort and control of one's body through proper use of ski equipment in relation to constantly changing variables and dangers. My skiing will be directly affected by my own personal judgment in the severe elements of mountain terrain and constantly changing weather conditions. There are certain inherent dangers and risks involved in the sport of skiing, which I understand and agree to assume. These include but are not limited to changing weather conditions, icy spots, bare spots, steep terrain or steep conditions, other skiers, rocks, roots, trees, bumps, ruts, stumps, debris, snow making and grooming equipment, pipes, poles, lift towers, vehicles and a host of others. These inherent dangers and

risks can appear or occur anywhere on Wisp property, including but not limited to, on any and all parts of beginner, intermediate or expert ski trails, off any and all parts of designated ski trails, at, on or near all loading and unloading areas,

while loading or unloading from a lift, tow or carpet, while riding a lift, tow or carpet and while receiving ski instruction.

I agree to learn and observe the Skiers responsibility code, which is posted at various locations on the mountain. I agree to be alert and ski with care. I understand that the season pass may not be used by any person other than the person whose picture and name appear on the season pass identification card. Any attempt to do so will result in the loss of the pass and being banned from Wisp property. Any attempt to duplicate the season pass will be prosecuted. Misconduct, misuse, or nuisance in the use of any Wisp facilities may result in having this pass revoked at any time without refund. Wisp reserves the right to cancel this pass, at its sole discretion, without stating any reason, by giving me notice of cancellation.

I understand and agree that this pass must be presented every time I board any lift, tow or carpet or use any slope at Wisp. In the event that this

pass is lost or stolen, a \$24 fee will be assessed before a replacement card is issued. Lift tickets will not be issued to season pass holders who have forgotten to bring their pass to the slope.

I, the undersigned, have read and understand the terms and conditions of the Wisp Season Pass Contract and Release Agreement. I am signing it freely and of my own accord, realizing it is binding upon myself, my heirs, and assigns and in the event that I am signing it on behalf of any minors, that I have full authority to do so realizing its binding effect on them as well as myself. I further agree that in the event any action is brought against Everbright Pacific, LLC DBA Wisp Resort, any parent or sister companies thereof, their agents, employees, directors, officers and shareholders, by said minor, I agree to indemnify and hold harmless Everbright Pacific, LLC DBA Wisp Resort, any parent or sister companies thereof and their agents, employees, directors, officers and shareholders from any and all liability for personal injury or property damage suffered by said minor.

As a condition of holding a season pass and being permitted to use any and all Wisp facilities, I also agree, while at Wisp, it is possible my picture may be taken by an official Wisp photographer to be used in various publications and advertisements.

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Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Department _____

Status (Circle One) Full-Time or Part-Time

Family Member Name(s)

Only full-time employees (30 plus hours per week) are eligible for dependent passes. Spouse & Dependants Name (Dependant - a child age 18 or under, or a full-time student [12 credits] age 23 and under)

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

I understand that my employee pass will not be issued until all company, state and federally required paperwork has been fully processed by the Human Resources department as well as all federal required proof of citizenship / eligibility to work identification has been turned in the HR department.

Employee Signature _____ Date _____

Signature of Parent or Guardian if under 18 _____ Date _____