

**Season Pass  
Application**



# Strafford Nordic Center

## Purchaser Information

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_  
 Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_  
 \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## Family Information

Family member 2 \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_  
 Family member 3 \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_  
 Family member 4 \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_  
 Family member 5 \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

A family is 2 adults and dependent children living in the same household.

## Payment Information

<u>ITEM</u>	<u>Regular Price</u>	<u>Local's Price*</u>	<u>Quantity</u>	<u>Subtotal</u>
Season Pass - Adult	\$200	\$150	_____	_____
Season Pass – Senior (65+)	\$150	\$100	_____	_____
Season Pass – Family of 5	\$320	\$300	_____	_____
Additional Children on Family Pass	\$ 50	\$ 50	_____	_____
A "local" is anyone residing in Strafford			TOTAL	_____

## Liability Waiver

**Waiver and Release Agreement:** Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

In consideration for my being permitted to participate in the activities of Strafford Nordic Center, I agree to the following Waiver and Release:

I acknowledge that cross country skiing, snowshoeing and fat biking have inherent risks, hazards, and dangers for anyone that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. Walking, skiing and biking in rugged country, including encounters with wildlife, animals and insects;
2. Inclement weather conditions;
3. Skiing, snowshoeing and biking accidents, collisions with other skiers or bikers.

I understand the risks, hazards and dangers of these activities and have had the opportunity to discuss them with Strafford Nordic Center. I understand that these activities may require good physical conditioning and a degree of skill and knowledge necessary for me and my family to engage in these activities safely.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Adult Passholder #1 Adult Passholder #2

Date: \_\_\_\_\_ Date: \_\_\_\_\_

World Class Cross Country. Local Vermont Trails

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