

**2015 Stowe Trip arranged by New Jersey Ski & Snowboard Council**

By Signing below, I enroll in the trip to Stowe, Vermont being offered by the New Jersey Ski and Snowboard Council (NJSSC) through Banchi Outdoor Adventures. I agree to comply with the rules and regulations of the Commodores Inn and Stowe Mountain. The Commodores Inn has the right to charge me for any damages that I cause within my lodging. I understand that I can be excluded, without refund, at any time if the trip leader deems my conduct to be harmful to the trip. The NJSSC has arranged these travel services through Commodores Inn, Banchi Outdoors Adventure and Stowe Mountain solely as a convenience to NJSSC members and guests. Commodores Inn, Banchi Outdoors Adventure, Stowe Mountain and NJSSC cannot predict or guarantee the ski conditions or weather. I acknowledge that only the participants that have signed up and paid for this trip can stay within the accommodations. If any other non-paying guests are invited into my lodging for the purpose of staying within my assigned lodging, I understand that Commodores Inn has the right to charge additional monies and / or request that I vacate the accommodations without a refund. I understand that Commodores Inn will request a credit card imprint upon arrival for any personal room charges or in case of any damage to the room. Check all that apply & total your cost. If you are not a member of a club belonging to NJSSC, please add \$25.

_____ Double in a room	\$409	_____ Non-Skier (subtract \$150 from room type)	- \$150
_____ Single in a room:	\$609	_____ 4 days of skiing (M-Th), please subtract \$30	- \$ 30
_____ Triple in a room:	\$359	_____ Non NJSSC Club Member, please add \$25	\$ 25
_____ Quad in a room:	\$339		
TOTAL COST PER PARTICIPANT			\$ _____

\$100 deposit due immediately; I am a member of the \_\_\_\_\_ Ski Club, which is a member of NJSSC. **Second and Final Deposit Due November 25, 2014.** Check made payable to NJSSC, mailed to Kathy Mancini, 420 Milton Avenue, Oceanport, NJ 07757. Written Cancellation / email is required. Cancellation: Before October 1, 2014: \$25 penalty. October 2—November 25, 2014: \$100 penalty. After November 25, 2014, non- refundable. Questions? 732-222-1530 (Kathy Mancini) OR 908- 406-2933 (Ed Dalton)

**RELEASE OF LIABILITY and INDEMNIFICATION AGREEMENT**

I understand and am aware snow sports (Skiing, snowboarding, etc.) are HAZARDOUS activities. I understand that these snow sports, travel to and from the ski area and other activities with the New Jersey Ski & Snowboard Council (NJSSC) involve a risk of injury to all parts of my body. I hereby agree to freely and expressly assume and accept any and all risks of injury or death while participating in snow sports, during travel to and from the ski area, and participation in activities with the NJSSC. This Release is given to the "Released Entities" which include the NJSSC, all officers and directors, all committee persons, trip leaders, and all representatives and members of the NJSSC.

I agree that I will release the "Released Entities" from any and all responsibility of liability for injuries or damages to me or to any other person. I agree NOT to make a claim or sue any of the "Released Entities" for damages relating to skiing, snowboarding (snow sports), travel to and from the ski area, and other included activities on this trip, whether it arises from NEGLIGENCE or any other liability arising of the "Released Entities". In the event that a claim is made by or on behalf of me against the "Released Entities," I agree to indemnify and hold harmless the "Released Entities" for any and all losses, including damages, interest and all costs of defense, including attorney fees and other costs. I have carefully read this agreement and release of liability and fully understand its contents. I am aware that this is a release of liability and a contract between me and the New Jersey Ski & Snowboard Council which benefits all of the "Released Entities". (DOES NOT HAVE TO BE NOTARIZED) Please Print Your Information Clearly.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Participant \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Address of Trip Participant \_\_\_\_\_ Day Telephone #: \_\_\_\_\_

\_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Email of Participant: \_\_\_\_\_ write legibly)

Name of Roommate at Commodores Inn (please print) \_\_\_\_\_

In case of emergency, please call (primary contact): \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_ In case of emergency,

please call (secondary contact): \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_