| ALPINE MEADOWS[®] SEASON PASS AGREEMENT

ACTIVE DUTY U.S. MILITARY ADDENDUM (2017-2018)

Pleas	se print clearly:							
Servic	e Member's First Name:			Last Name:				
Email:			Date of Birth:		Phone:			
		CONI	DITIONS OF ISSUA	NCE AND AGREEN	MENT			
forces	2017-2018 Season Pass, , U.S. Air National Guard ion of being issued the Pa	issued to you as an A I or U.S. Army Nationa	Active Duty service r al Guard, ("Pass") is	nember in the Unit for your use and	ed States Armed For			
1. I	I represent that I am on Active Duty status with the following section of the United States military (Please print clearly):							
	Affiliation: Uniformed Service			Rank:				
	Service/Agency:							
	Reserve (initial box): YI	ES NO	A	ctive Duty Since this	s Date:			
	DoD Number:							
	Unit Name:	Base Na	me:	Base Cor	ntact #:			
V C	I understand that my Pass, an item of value, is issued by Squaw Valley Alpine Meadows on a complimentary basis because I represent and verify that I am presently on Active Duty status with the United States military as disclosed above. Any misrepresentation of these facts constitutes fraud and/or another crime, will result in the immediate loss of all lift and skiing/riding/participation privileges, and may result in criminal prosecution.							
3. F	Pass Blackout Dates (not valid on these dates): Dec. 26-31, 2017; Jan. 13-14, 2018; and Feb. 17-18, 2018.							
	The Pass is not exchangeable for cash, is non-transferable, is not insurable, and cannot be loaned or assigned to any other person whatsoever. Misuse of this Pass will result in loss of resort access, this season and/or for life, and may result in criminal prosecution.							
F	I understand that this Addendum is separate from but in addition to the Squaw Valley Alpine Meadows Season Pass Agreement and the Release of Liability and Indemnity Agreement, that I have also signed. This Addendum is not a substitution of those agreements, and the terms and conditions of this Addendum and those agreements are all valid and binding upon me.							
b b	I acknowledge that this Addendum is severable and that if any clause is found to be invalid, the offending clause will be stricken and the balance of the agreement will remain in effect and will be enforceable. I agree that any action arising from or related to this agreement must be brought only in Placer County (state court) or the U.S. District Court for the Eastern District of California (federal court). This agreement is subject to and interpreted under the laws of the State of California.							
Signa	ture of Service Member:			Date				
FOR	R OFFICE USE ONLY: Re	minder - DO NOT phot	ocopy the Armed Fo	rced of the United S	States Geneva Conv	entions Identification	Card	
Above	e-identified Service Membe	er's C.A.C. Expiration D	Pate					
Print y	our name (Employee veri	fying the above informa	ation on the C.A.C):					
Sign h	nere to indicate that you re	viewed the C.A.C. and	verified the correctne	ess of all the Servic	e Member's above i	nformation:		
Signature of Verifying Employee:					Today's Date			
Keep	this completed Addendu	ım with the Season Pa	ass Agreement unt	il SCRA verificatio	n occurs.			
Servic	cemembers Civil Relief Act	t, Title 10 Active Duty v	erification					
SCRA	A Certificate filed for on this	s date: F	Received on this date	e: Print	Employee name:			