Tear Out, Sign and Return this Page

2019/2020 WINTER SUPPLEMENT ACKNOWLEDGEMENT

I, _____ acknowledge the following:
PLEASE PRINT NAME

1. I realize that Resort Activities including, but not limited to: skiing, snowboarding, tubing, golf, hiking, biking, paintball, zip lines, Mountain Adventure elements, and other related activities bear certain risks that can lead to catastrophic injury or death. I understand that Resort Activities are hazardous and agree to voluntarily assume the risk of injury while participating in these activities, and further agree not to sue Ski Liberty Operating Corp., Ski Roundtop Operating Corp., Whitetail Mountain Operating Corp., Snow Time, Inc. and Peak Resorts, Inc., including their agents and employees if injured while using the facilities regardless of any negligence of the ski area or its employees or agents.
2. I realize that Resort Activity privileges are not a part of my compensation from the Company.
3. I give full permission to have my personal locker and personal belongings searched by police or the manager on duty if there is reasonable suspicion that there may be drugs or other illegal compounds therein.
4. I will not take any drugs or controlled substances at any time while I am working for the Company, and I will not report to work at any time under the influence of drugs or alcohol, other than those prescribed by a physician and authorized by my supervisor.
5. I give consent to be tested, if there is reasonable suspicion on the part of management, that I have been drinking or taking drugs. Also, I understand the Company has a Post Offer/Pre-employment, Periodic Departmental, Post Accident/Incident, Reasonable Suspicion, Random Drug, and Department of Transportation Required drug screening program and agree to be tested if chosen.
6. I give my full permission for the Company to copyright, publish, or resell photographs, tapes or videos of me, for use in its promotional materials.
7. I have received and read the Employee Handbook and fully understand the procedures, responsibilities, privileges and work rules of being a member of the staff and I will abide by the rules, regulations and procedures as stated in the Employee Handbook.
8. I am an "employee at will" which means that I may leave employment of the Company at any time, and that I can be terminated from my job by the Company at any time for any reason, without notice.
9. I understand I am not guaranteed a job at any time, or for any length of time.
10. All questions I have pertaining to the Employee Handbook and to my position with the Company have been answered to my satisfaction.

_____ _____

Employee Signature – Electronic signatures not accepted Witness

_____ _____

Department Date

Signature of Parent or Guardian is required if the employee is under 18 years of age.

_____ _____

Parent/Guardian Date

This acknowledgement is to be fully executed by each employee before going on the payroll. A copy is to be placed in the employee's permanent personnel file.

Please read and sign the above acknowledgement and return it to your supervisor.