

 Office Use Only

 Physician Form attached? Y / N

 Approved By \_\_\_\_\_

 Customer IP # \_\_\_\_\_

Release Signed? Y / N Guide? Y / N Comment Added Y / N

# WINTER ADAPTIVE SEASON PASS / WINTER ADAPTIVE EQUIPMENT APPLICATION

Last Name:	First Name:
Date of Birth: / /	Email Address:
Mailing Address:	
City:	State: Zip:
Phone (Home):	Phone (Cell):

• By providing your email address, you will receive email invitation to sign up for e-newsletters on snow conditions, discounts, resort news & special events. Must be 13 years or older.

o Pass is valid any day of the 2024-25 Winter Season at Solitude Mountain Resort.

o All Passes require a photo be taken at the Season Pass office at either the Moonbeam or Powderhorn ticket office.

o Separate Release of Liability Form must be signed and submitted with this application

## o Separate Physician's Form must be completed by the applicant's physician and submitted with application

This Winter Adaptive Season Pass Application with <u>all completed forms</u> may take up to 1 week to approve. Please allow for sufficient processing time. Anyone who chooses not to answer questions on the application or submit the proper forms may apply for a regular season pass. *Examples of cases that do not qualify*: Asthma unless the individual is dependent on oxygen. Severe back pain unless the individual requires a wheelchair or adaptive equipment. The disability must affect day-to-day functions.

Winter Adaptive Season Pass		
Check one 2024-2025 Winter Adaptive Season Pass*	\$TBD	
Does Guest require an Adaptive Guide? Yes No _	_	
2024-2025 Winter Adaptive Season Pass / Guide**	\$TBD	
assist the passholder. **The 2024-25 Winter Adaptive Season Pass / Guide is non-trans	aptive Season Pass / Guide?	
Applications may be submitted in person or by email at smrt ticket office or over the phone by calling 801-536-5786.	ickets@solitudemountain.com. Payment can be made in person at Solitude	
Authorized Signature:	Date:	

## PHYSICIAN FORM FOR 2024-25 WINTER ADAPTIVE SEASON PASS / WINTER ADAPTIVE EQUIPMENT APPLICATION

To be completed by Physician and included with 2024-25 Winter Adaptive Season Pass / Winter Adaptive Equipment Application

Physician's Name:	State Reg #
Facility/Group Name:	Degree:
Address:	Office Phone Number:
City:	State: Zip:
I verify that all information stated is true: Physician's Signature:	Date:

#### Patient's Name: \_\_\_\_\_

#### I. Please indicate primary diagnosis below with your initials & comments:

\_Blind: Legally blind (20/200 in the good eye) to totally blind. Individuals with one good eye are not candidates.

Physician diagnosis is required.

Does patient require a companion/guide at all times while Skiing or Snowboarding?	(Circle One)	Yes	No	

If yes, describe the reason companion/guide is required\_\_\_\_\_

\_\_ Amputations: Any single or combination of hand, arm, foot, leg amputations.

Does patient require Adaptive Equipment?	(Circle One)	Yes	No
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What kind	of	equipment	is	needed? _
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\_\_\_\_\_ Deaf: Individuals who wear two hearing aids or are profoundly deaf in both ears. A hearing loss of 35 decibels or more in both ears is considered Deaf. This pass is for individuals that use sign language or lip reading as a primary form of communication.

If Patient is Deaf, what is the decibels loss?

Cognitive Disabilities: A mental impairment that affects the ability to process information and/or coordinate and control the body, which limits the individual's ability to navigate the mountain safely and independently. (e.g. Severe Cognitive impairments, Autism, Down Syndrome, TBI-traumatic brain injury that results in severe cognitive impairments. An IEP is required for children with cognitive disabilities.) Individuals that are on social security disability will be reviewed case by case.

What is the impact of the disability on the patient's ability to ski or snowboard (as applicable)?\_\_\_\_\_

\_\_\_\_\_ Physical Disabilities: Any individual with a permanent physical disability that requires adaptive equipment or adaptive ski technique. Having a disability or illness alone does not qualify for an adaptive pass. Individuals that are on social security disability will be reviewed case by case.

Does patient require Adaptive Equipment?	(Circle One)	Yes	No	
If yes, what kind of equipment is needed				

### II. Describe how this patient is qualified to receive a Winter Adaptive Season Pass. What special considerations are required?

Daily Ticket prices for Adaptive Tickets varies by season. Please call 801-536-5786 for pricing