Office Use Only	
Physician Form attached? Y / N	Release Signed? Y / N
Approved By _____	Guide? Y / N
Customer IP # _____	Comment Added Y / N

2025-2026 ADAPTIVE SEASON PASS 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.

- **Pass is valid any day of the 2025 – 2026 Winter Season at Palisades Tahoe**
- **All Passes require a photo be taken at the Season Pass office at either Olympic Valley or Alpine**
- **Separate Release of Liability Form must be signed and submitted with this application**
- **Separate Physician's Form must be completed by the applicant's physician and submitted with application**

This Adaptive Season Pass Application with **all completed forms** 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.*

Adaptive Season Pass Options		
Check one		**Gold**
☐	**Adult Adaptive Pass (Ages 19+):**	**$225**
☐	**Youth Adult Adaptive Pass (Ages 18 & under):**	**$95**
☐	**Does Guest require an Adaptive Guide?** **Yes ___ No __**	

*The *Adaptive Pass with Guide* is only for individuals that require assistance with the lifts and/or on the mountain. The *Adaptive Pass with Guide* pass-holder is permitted to purchase one guide ticket per day at a discounted rate to assist the pass-holder. The Guide must be with the adaptive pass-holder on the mountain at all times or Adaptive Pass privileges will be lost. A physician's note must be submitted describing the need for a guide.

Please describe why you are requesting an *Adaptive Pass with Guide*?

If applicable, please identify any adaptive equipment that will be used:

Applications may be submitted in person, by fax at 530-452-7141 or by email at info@palisadestahoe.com. Payment can be made in person at Olympic Valley Season Pass Office, Alpine Meadows Season Pass Office or over the phone 1-800-403-0206

Authorized Signature: **Date:**

2025-2026 ADAPTIVE SEASON PASS PHYSICIAN'S FORM

To be completed by Physician and included with 2025-2026 Adaptive Pass 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:

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

What kind of equipment is needed?

_____

☐ ____ **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 disability?

☐_____ **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?

Describe how this patient is qualified to receive an Adaptive Pass? What special considerations are required?