



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

2024-2025 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 during the 2024 – 2025 Winter Season at Palisades Tahoe
- All Passes require a photo be taken at the Season Pass office at either Olympic Valley or Alpine Base
- Separate Release of Liability Form must be signed and submitted with this application. You can electronically sign the 2024/25 Season Pass Liability Waiver at ezwaiver.com/pt and select “Season Pass Waivers” → “Local PT Passes” or sign a paper waiver in person upon arrival.
- Separate Physician’s Form must be completed by the applicant’s physician and submitted with application (this is required)

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: Examples of disabilities that do not qualify for Palisades Tahoe’s Adaptive Season Pass or discount: Asthma unless the individual is dependent on oxygen. Chronic or severe back, leg or muscle pain, unless the individual requires adaptive ski equipment, and Diabetes. The disability must affect day-to-day functions.

Adaptive Season Pass Options	
Check one	
<input type="checkbox"/> Adult Adaptive Pass (Ages 19+):	\$225
<input type="checkbox"/> Youth Adaptive Pass (Ages 5-18):	\$95
<input type="checkbox"/> Does Guest require an Adaptive Guide?	Yes ___ No ___
<p>*The <i>Adaptive Pass with Guide</i> is only for individuals that require assistance with the lifts and/or on the mountain. The <i>Adaptive Pass with Guide</i> 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.</p> <p>Please describe why you are requesting an <i>Adaptive Pass with Guide</i>?</p> <p>If applicable, please identify any adaptive equipment that will be used:</p> 	
<p>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 the Olympic Valley Season Pass Office, Alpine Season Pass Office or over the phone 1-800-403-0206</p>	
Authorized Signature: _____	Date: _____

2024-2025 ADAPTIVE SEASON PASS PHYSICIAN'S FORM

To be completed by Physician and included with 2024-2025 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:			Date:
Physician's Signature:			

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 severe cognitive 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., Autism, Down Syndrome, TBI-traumatic brain injury that results in severe cognitive impairments.). Individuals that are on social security disability will be reviewed case by case however this status does not automatically qualify someone for an adaptive pass or discount.
What is the disability?

Permanent Physical Disabilities: Any individual with a permanent physical disability that requires the use of adaptive ski equipment or adaptive ski technique (e.g., a required adaptive guide). Individuals that are on social security disability will be reviewed case by case however, this status does not automatically qualify someone for an adaptive pass or discount.
Does patient require Adaptive Equipment? (Circle One)
 Yes No
If yes, what kind of equipment is needed or used?

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