



Office Use Only

Physician Form attached? Y / N

Release Signed? Y / N

Approved By _____

Guide? Y / N

Customer IP # _____

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 2025-26 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 **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.

Winter Adaptive Season Pass	
Check one <input type="checkbox"/> 2025-26 Winter Adaptive Season Pass*	\$TBD
Does Guest require an Adaptive Guide? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> 2025-26 Winter Adaptive Season Pass / Guide**	\$TBD
<p>* The 2025-26 Winter Adaptive Season Passholder is permitted to purchase one guide ticket per day at a discounted rate at the ticket office to assist the passholder.</p> <p>**The 2025-26 Winter Adaptive Season Pass / Guide is non-transferrable and may only be used to assist a 2025-26 Winter Adaptive Season Passholder with the lifts and/or on the mountain. The Guide must always be with the 2025-26 Winter Adaptive Season Passholder on the mountain or Adaptive Season Pass privileges will be lost. A physician's note must be submitted describing the need for a guide.</p>	
Please describe why you are requesting a 2025-26 Winter Adaptive Season Pass / Guide?	
If applicable, please identify any adaptive equipment that will be used:	
Applications may be submitted in person or by email at smtickets@solitudemountain.com. Payment can be made in person at Solitude ticket office or over the phone by calling 801-536-5786.	
Authorized Signature:	Date:

PHYSICIAN FORM FOR 2025-26 WINTER ADAPTIVE SEASON PASS / WINTER ADAPTIVE EQUIPMENT APPLICATION

To be completed by Physician and included with 2025-26 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

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 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