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

SKI AND RIDE SCHOOL ADAPTIVE PROGRAM APPLICATION

Schweitzer Mountain Resort's Ski and Ride School provides adaptive ski and snowboard lessons for participants requiring assistive equipment, assistive support, and reasonable accommodations ("the Program"). To fulfill the unique needs of each individual and provide the best possible Program experience, Schweitzer appreciates participant cooperation in providing the below information prior to arrival.

PROGRAM ELIGIBILITY

The Program is intended for individuals who, because of a physical, cognitive, sensory, developmental, neurological, behavioral, or other condition, may benefit from adaptive equipment, specialized instruction, individualized support, or reasonable accommodations in order to participate in skiing or snowboarding activities. "Eligibility," as contemplated within this form, is not a pre-purchase determination of individual fitness to participate in the Program, but rather Schweitzer's pre-purchase, inclusionary assessment to optimize an individual Participant's experience.

Eligibility is determined by Schweitzer based on:

- The participant's functional needs;
- Safety considerations;
- Available instructor training and staffing;
- Available adaptive equipment;
- Operational capabilities; and
- The ability of the Program to provide services safely.

Participation in the Program is not guaranteed solely because an individual has a disability or medical diagnosis. Schweitzer maintains its discretion to suspend or terminate a Program lesson due to participant behavior that the instructor deems unsafe, offensive, illegal or otherwise inappropriate.

PARTICIPANT INFORMATION

Last Name: **First Name:** **Date of Birth: / /**

Email Address: **Phone:**

Mailing Address:

City: **State:** **Zip:**

Parent/Guardian (required if Participant under 18) **Relationship:**

Last Name: **First Name:** **Phone:**

ACCOMMODATION AND FUNCTIONAL INFORMATION

1 Do you require a sit-ski? **Y** **N**

*** *If Yes to Question 1, will you bring your own?*** **Y** **N**

2 Do you require other adaptive equipment? **Y** **N**

**If Yes, please be aware that guest owned equipment may be subject to resort approval.*

To help us prepare for your Program experience, please identify any accommodation, modifications, support, or adaptive equipment you have used in the past or that you anticipate may assist your participation.

_____

_____

3 Do you require a visual guide? **Y** **N**

4 Can you load and ride a lift without assistance? **Y** **N**

5 **Please describe your prior skiing / snowboarding experience.** **First Time** **Beginner** **Intermediate** **Advanced**

6 **Is there anything else that we should know to help make your experience more enjoyable?**

_____

_____

_____

DOCUMENTATION REQUEST

Schweitzer qualifies a disability as a permanent or long-term physical, mental, or sensory impairment that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. For visual impairments, guests who are legally blind (20/200 in the good eye) to totally blind qualify, as defined by the ADA. Wearing corrective lenses does not alone qualify you as disabled by the ADA standards. In addition to the list of accepted documents below, Schweitzer may request a physician letter, government-issued disability documentation, or other comparable verification confirming that a participant has a disability, impairment or other conditions for which adaptive services are being requested.

Please Note: To finalize our assessment, you may be asked to provide further documentation.

Accepted Documents:

- Driver's license notating eligible restrictions
- America the Beautiful Access Pass
- Certification from a private Vocational Rehabilitation or other Counselor that states that the person needs accommodation
- Request/Documentation from a State Vocational Rehabilitation Agency counselor
- Other State issued proof of disability
- Letter or record from a Federal Government agency that reflects the person who has a disability
- Letters or medical notes from physicians/medical professionals that request accommodation
- Service animal certification, pending local resort requirements and guidelines

SIGNATURES	
I certify that the information provided on this form is truthful and complete to the best of my knowledge.	
Participant Signature:	**Date:**
If participant is under 18:	I represent that I am the parent or legal guardian of the participant and have authority to complete this form on the participant's behalf.
Parent/Guardian Signature:	**Date:**