



2020/21 Local Resident Season Pass Application Packet

\$599 – Payable to Aspen Skiing Company at pick-up

To qualify for the Aspen Skiing Company Local Resident Disability Season Pass an individual must be a local resident (minimum of 6 months) AND be legally blind, profoundly deaf, or have a permanent physical or cognitive disability that requires the use of adaptive equipment, instruction or adaptive techniques to ski or ride. This is the criterion by which Challenge Aspen now evaluates eligibility. Having a disability or illness alone does not constitute approval for the local resident disability pass. If you choose not to provide information about your disability, you are eligible to purchase other pass options, from the Aspen Skiing Company directly. Complete applications will be evaluated by the disability pass committee on a case-by-case basis.

In order for your application to be considered complete, the following forms must be filled out and submitted together. No application will be processed without ALL components included. Items 1 – 4 are included in this packet.

1. Local Resident Disability Pass Application
2. Medical Waiver signed by Physician
3. Challenge Aspen Waiver
4. DSUSA/Move United Waiver
5. Proof of Residency in the Roaring Fork Valley (utility bill, lease, etc.) **Drivers license does not prove residence.**

Once all items are completed and together, email or FAX to Deb Sullivan at deb@challengeaspen.org or FAX to 970-923-7338.

ALL Military Passes should go to John Klonowski, in our CAMO department john@challengeaspen.org or FAX to 970-923-7338.

You will receive a confirmation email when your completed packet has been received and another when your pass is ready for pick-up. Passes will not be available until mid-November.



CHALLENGE ASPEN

See pages three through eight for application

Return completed forms to deb@challengeaspen.org, Military Passes to john@challengeaspen.org or FAX to 970-923-7338



2020-21 Local Resident Season Pass Application

NAME: _____ TODAY'S DATE: _____ DATE OF BIRTH: _____

All information on this application must be submitted fully and accurately in order for your season pass to be approved. Please note, the application, medical waiver, CA waiver, DSUSA waiver, and proof of residency (utility bill, lease, etc.) must be submitted with this application each year you apply. If you have any questions, please contact Deb Sullivan at deb@challengeaspen.org or call 970-923-0578.

PERSONAL CONTACT INFORMATION

Home Address:

___ Home Phone: _____

___ Cell Phone: _____

Mailing Address (if different from above):

Work Phone: _____

___ Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Address: Same as above address

Home Phone: _____

___ Cell Phone: _____

___ Work Phone: _____

DISABILITY INFORMATION

Are you a military veteran? Yes No *If yes, send complete application to John@challengeaspen.org*
Please state your disability & why you are applying for a local resident disability pass:

Please describe any other medical conditions you feel as though we need to know about:

Have you had any seizures in the last two years? Yes No

MEDICAL RELEASE

For Challenge Aspen Local Resident Season Pass

Winter recreational activities with Challenge Aspen are physically oriented and all involve a level of inherent danger. Prior to taking part in Challenge Aspen programs, we require that each participant have physician's approval in order to ensure the safety of each individual.

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PERMISSION TO PARTICIPATE IN CHALLENGE ASPEN PROGRAMS:

The release below must be signed by the **participant's physician** before they can be approved for a Local Resident Season Pass.

Your patient, _____, has applied for a Local Resident Disability Season Pass. Are there any medical factors in your patient's history that would affect his or her ability to safely participate in this non-medically supervised program?

YES

NO

If yes, please list and explain:

REQUIRED INFORMATION

Patient's Disability Information:

REQUIRED INFORMATION

Please identify any recommendations or restrictions that are appropriate for your patient:

My patient, _____, has my approval to take part in Challenge Aspen adaptive recreation programs and is considered to be totally and permanently disabled due to the above described disability, with the restrictions and/or recommendations stated above.

Physician name (please print): _____

Physician signature: _____

Work phone: _____

Date: _____



PARTICIPANT ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY FORM

Welcome to Challenge Aspen. We, the staff of Challenge Aspen, look forward to having you, your child or your family member join us for a program experience. On these two pages, you will find important information about Challenge Aspen, our activities and the potential risks involved in participation. Please read this information carefully, ask us any questions you might have and do not sign this agreement if you do not want to be exposed to these activities and potential risks.

Risks of Participation. The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant's participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

Please know that participation in Challenge Aspen activities involves risk. Providing high quality programs in a risk managed environment is our priority, however, we cannot eliminate all risks in adventure activities such as climbing, rafting, hiking, archery, or most of the activities we offer. As with any outdoor adventure activity, they can result in injury or even in rare circumstances, death. Challenge Aspen is a 501(c)(3) non-profit organization that has been in operation since 1995, providing recreational, educational and cultural experiences for people with cognitive and physical disabilities.

It is of utmost importance to us that you not engage in activities that are opposed by you, your family, or your doctor due to illness, physical or mental infirmity, or any other health/medical condition that you may have, whether diagnosed or undiagnosed.

To help us try to manage these risks it is very important that all program participants follow all directions given by Challenge Aspen staff or designated activity facilitator. Please ask questions whenever a procedure or activity is unclear to you. If a program participant is currently taking prescription medications, including medical marijuana or other alternative therapies, it is imperative that these medications be disclosed in the confidential medical form. Use of or being under the influence of alcohol or judgment affecting drugs while participating in adventure activities is unsafe and strictly prohibited.

We believe that it is in everyone's interest that risks are disclosed, understood, and accepted prior to participation at Challenge Aspen. Whether you are the Participant or Parent/Legal Guardian, after you have reviewed all pages of this Acknowledgement of Risk and Release of Liability Form, and if you understand and agree with its contents, please sign and initial in the designated places on both pages.

I have read the above information. Initial _____

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My signature below represents that I, as a participant, or as the parent of a minor participant, or as the legal guardian of a participant, (hereinafter, collectively, "I") have read and understand the contents of this release. In consideration for being allowed to participate in Challenge Aspen programs, and related events and/or activities, or serve as staff or volunteer for the same, I hereby understand and agree to the following:

- I understand that although Challenge Aspen has taken precautions to provide proper organization, supervision, instruction and equipment for each activity, it is impossible for Challenge Aspen to guarantee absolute safety.
- I understand that I share the responsibility for safety during all activities, and I accept that responsibility. I will make my instructors aware of any questions or concerns I might have regarding safety standards, guidelines, procedures and my ability to participate in an activity.
- I understand that participation in outdoor programs involves risk. The following is a partial list of the potential risks associated with the activities at Challenge Aspen. This list does not include all inherent risks but serves to provide examples and promote an understanding of the risks, any of which could result in injury, mental stress, permanent disability, or even death.
- Complications associated with exposure to weather (including extreme cold, wet or icy conditions, heat, sun, lightning), altitude and physical exertion
- Perils and hazards arising from unintended contact with others, including participants and members of the general public
- Perils and hazards arising from unintended contact with natural features such as rocks, trees, plants, and animals, as well as man-made features such as posts and equipment.
- Perils and hazards arising from equipment failure or malfunction
- Increased risk of harm due to delays in the delivery of emergency medical services in remote locations or due to reasons beyond Challenge Aspen's control.
- I understand that in addition to the risks inherent in all activities at Challenge Aspen, more specific risks accompany each type of activity. I understand that I have the right to inspect the facilities and equipment to be used, and to observe a lesson or program, and that if I believe anything is unsafe, it is my responsibility to immediately advise Challenge Aspen staff of such condition and refuse to participate.
- I assume all the foregoing risks, as well as similar unforeseen risks, and accept personal responsibility for the damages due to injury, permanent disability or death resulting from participating in any Challenge Aspen activity.
- Should I have a disagreement or dispute with Challenge Aspen about this Release, the charges, the activities, any injury I may receive or any other aspect of Challenge Aspen, I agree that any action to resolve or redress such disagreement or dispute will be brought to Pitkin County, Colorado and governed by Colorado law.

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I hereby release Challenge Aspen, its successors, representatives, assigns, Board of Directors, volunteers, employees, officers and other participants from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and in conjunction with a Challenge Aspen activity.

I hereby release Challenge Aspen, the Aspen Skiing Company, LLC, their respective successors, representatives, assigns, directors, officers, agents, and employees from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and kind arising or connected with photographs or video of the undersigned taken in conjunction with a Challenge Aspen activity.

I have read this Agreement, understand its contents, am aware this document has legal consequences and I sign It voluntarily.

Participant Signature _____ Date _____

-OR-

Parent or Legal Guardian (if participant is under 18 years of age or otherwise legally dependent): I agree to the above terms and conditions for myself and on behalf of my child or ward. I agree to Indemnify Challenge Aspen for any and all claims brought by or on behalf of the child or ward for whom I sign or for any claim brought by any other person related to the child or ward against Challenge Aspen.

Signature _____ Date _____

PERMISSION TO OBTAIN MEDICAL TREATMENT ON MY BEHALF

Should I or the person for whom I am the legal guardian become injured, I give permission for Challenge Aspen program facilitator(s) to render First Aid and to seek emergency medical or rescue services as they see fit, and at my cost.

PARTICIPANT or PARENT/GUARDIAN

Signature _____ Date _____