# *Terry Peak SafeGuard* Claim Form

**(Form must be completed and submitted by March 10, 2027)**

**Name:** _____

**Address:** _____

_____

**Phone:** _____

**Pass Number:** _____

**Date of Injury:** _____

**Injury Description:**_____

**Physician:** _____

**Passholder Signature:** _____ **Date:** _____

** Please attach physician's documentation stating date of injury, nature/description of injury, the inability to ski for at least 30 consecutive days, etc. Claims submitted without documentation will not be considered for reimbursement.

Terry Peak Ski Area reserves the right to request additional documentation to substantiate a claim and to deny a claim if the documentation does not provide evidence of injury occurring after ***SafeGuard*** was purchased and resulting in the inability to ski/board for at least 30 consecutive days.

**Please attach season pass – Your pass will not be returned this ski season

Please submit form to:

**Terry Peak Ski Area – 21120 Stewart Slope Rd – Lead, SD 57754**