

**2018 ATTRACTION ACCESSIBILITY QUESTIONNAIRE**

FIRST NAME:	ZIP CODE:
LAST NAME:	DATE OF BIRTH:

1. **Do you have control of your upper torso including head and neck (ability to hold head upright)?** Yes  No   
Riders must have sufficient muscle control to support their heads, necks and torsos throughout the duration of the attraction, including the dynamic motion of the attraction (fast accelerations, quick decelerations, steep inclines, etc.).
2. **Do you have the ability to maintain the proper riding position throughout the attraction?** Yes  No   
Riders must have the body and spinal control to maintain the proper riding position throughout the duration of the attraction, even during the dynamic motion of the attraction without aid of others or devices.
3. **Do you have the ability to hold on and grasp the assist bar on the attraction?** Yes  No   
Riders must have the ability to use their arms and hands to maintain a grasp on an assist bar to maintain the proper riding position throughout the duration of the attraction even during the dynamic motion of the attraction.
4. **Do you have the ability to brace yourself throughout the attraction?** Yes  No   
Riders must have the ability to use their legs to brace their body throughout the duration of the attraction, even during the dynamic motion of the attraction.
5. **Do you have one natural arm with at least three fingers?** Yes  No
6. **Do you have an amputated limb?** If YES, continue to question 7. If NO, proceed to question 11. Yes  No
7. **Are you wearing a prosthesis device?** If YES, continue to question 8. If NO, proceed to question 10. Yes  No
8. **Are you able to remove your prosthesis device?** If NO, continue to question 9. If YES, proceed to question 10. Yes  No
9. **Do you have documentation from the prosthesis manufacturer that states the device will withstand 5Gs and remain in place?** You will be asked to present this documentation at time of enrollment. Yes  No
10. **Is your residual limb below the knee?** Yes  No
11. **Do you use a mobility assistive device?** Yes  No   
Mobility assistive devices include wheelchairs, scooters, walkers, canes or crutches.  
If YES, continue to question 12. If NO, end of questionnaire.
12. **If in a wheelchair or scooter, are you able to transfer to an attraction unit with or without assistance from someone in your party?** Yes  No

**NOTE: ONLY GUESTS WITH MOBILITY IMPAIRMENTS (WHICH GENERALLY REQUIRE THE USE OF ASSISTIVE DEVICES) AND CERTAIN OTHER SPECIAL NEEDS (AND UP TO THREE COMPANIONS) WILL BE GIVEN ACCESS TO HERSHEY PARK'S ATTRACTIONS THROUGH THE ATTRACTION'S ACCESSIBLE ENTRANCE.**

**STATEMENT OF CONFIDENTIALITY: THE INFORMATION PROVIDED ON THIS FORM WILL BE TREATED AS CONFIDENTIAL. YOUR INFORMATION WILL NOT BE DISCLOSED EXCEPT TO OUR EMPLOYEES IN THE PERFORMANCE OF THEIR JOB DUTIES, TO ANY MEDICAL PERSONNEL WHO MAY BE CALLED UPON TO TREAT YOU WHILE YOU ARE AT HERSHEY PARK, OR BY OPERATION OF LAW.**

**By signing below, I certify that my answers to the above are true and correct to the best of my knowledge. As a Season Pass Holder/Return Guest, I understand that this Questionnaire is valid for 30 days; however, it is my responsibility to notify Hersheypark if any of my answers to the above need to be modified prior to completing a new Questionnaire.**

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GUESTS UNDER 18 OR THAT OTHERWISE REQUIRED ASSISTANCE TO COMPLETE THIS QUESTIONNAIRE MUST HAVE A PARENT, LEGAL GUARDIAN, OR OTHER RESPONSIBLE PARTY SIGN BELOW CERTIFYING THAT THE ABOVE ANSWERS ARE ACCURATE:**

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR COMPANY USE ONLY**

**Official Height Measurement Completed**

Check the category that applies:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Miniatures | <input type="checkbox"/> Hershey's     |
| <input type="checkbox"/> Kisses     | <input type="checkbox"/> Twizzlers     |
| <input type="checkbox"/> Reese's    | <input type="checkbox"/> Jolly Rancher |

**Entered By:**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Not Eligible based on answers and Wristband Granted because:

\_\_\_\_\_  
\_\_\_\_\_