

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. **Are you wearing a Cast or Hard Brace?** Yes No
6. **Do you have one natural hand with at least three fingers?** Yes No
7. **Do you have one natural arm/forearm/hand for grasping?** Yes No
8. **Do you have an amputated limb?** If YES, continue to question 9. If NO, proceed to question 13. Yes No
9. **Are you wearing a prosthesis device?** If YES, continue to question 10. If NO, proceed to question 12. Yes No
10. **Are you able to remove your prosthesis device?** If NO, continue to question 11. If YES, proceed to question 12. Yes No
11. **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
12. **Is your residual limb below the knee?** Yes No
13. **Do you use a mobility assistive device?** Yes No
Mobility assistive devices include wheelchairs, scooters, walkers, canes or crutches. If YES, continue to question 14. If NO, end of questionnaire.
14. **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. 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

Unaccompanied Minor Under 18

Employee Initials: _____