

2024 ATTRACTIONS 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. Are you wearing a cast?** Yes No
- 6. Do you have one natural hand with at least three fingers?** Yes No
- 7. Do you have at least 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.
- 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: BASED ON THE RESPONSES YOU PROVIDED ON THIS QUESTIONNAIRE AND THE INTERACTIVE DISCUSSION YOU HAD WITH A HERSHEY PARK TEAM MEMBER, YOU WILL RECEIVE AN ACCESSIBILITY BOARDING PASS WITH A LIST OF ATTRACTIONS THAT YOU MAY BE ABLE TO ENJOY SUBJECT TO ALL REQUIREMENTS AND RESTRICTIONS FOR EACH ATTRACTION, INCLUDING HEIGHT REQUIREMENTS AND HEALTH RECOMMENDATIONS. YOU ACKNOWLEDGE AND AGREE THAT YOU ARE SOLELY RESPONSIBLE FOR CAREFULLY REVIEWING AND CONSIDERING THE REQUIREMENTS AND RESTRICTIONS OF THE ATTRACTIONS (WHICH ARE LISTED AT THE ENTRANCE TO EACH ATTRACTION AND IN THE RIDER SAFETY & ACCESSIBILITY GUIDE AVAILABLE ON HERSHEY PARK'S WEBSITE) TO DETERMINE WHETHER YOU CAN SAFELY PARTICIPATE. IF YOU HAVE AN IMPAIRMENT OR CONDITION (INCLUDING A PRE-EXISTING CONDITION OF ANY KIND) THAT MAY BE AFFECTED OR AGGRAVATED BY THE FEATURES OF AN ATTRACTION OR WOULD PREVENT THE INTENDED USE OF SEATING AND SAFETY RESTRAINTS OR THE INABILITY TO FOLLOW SAFETY WARNINGS AND INSTRUCTIONS **DO NOT RIDE THE ATTRACTION.**

By signing below, I certify that my answers to the above are true and correct to the best of my knowledge and that I agree to comply with all requirements and restrictions for each attraction. 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: _____

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.

FOR COMPANY USE ONLY
 Unaccompanied Minor Under 18 Employee Initials: _____