RIDE ACCESSIBILITY QUESTIONNAIRE

First Name:	Zip Code:
Last Name:	Phone Number:

1. **Do you have the ability to maintain proper riding position?** Yes ☐ No ☐
   Riders must have the body and spinal control to remain sitting upright and maintain proper riding position throughout rides without the aid of other people or devices even during bumping or other characteristic movements of the rides.
2. **Do you have control of your upper torso including head and neck?** Yes ☐ No ☐
   Riders must have sufficient muscle control to support their heads, necks and upper torsos in the proper riding position during the ride's designed dynamic motions.
3. **Do you have the ability to grasp the restraint device with at least one functioning hand?** Yes ☐ No ☐
   Riders must have a functioning hand or prosthesis with fingers that have the ability to grasp the restraint device. The grasp must be strong enough to support the rider's body weight so that the rider may maintain the proper riding position throughout the duration of the ride.
4. **Do you have the ability to brace with at least one functioning leg?** Yes ☐ No ☐
   Riders must have at least one functioning leg for bracing themselves during the course of the attraction. A functioning leg is a lower limb with a foot over which a rider has control. A prosthetic device that can be used for bracing is considered a functioning leg.
5. **Do you have an amputated limb?** If YES, proceed to question 6. If No, end of questionnaire. Yes ☐ No ☐
6. **Are you wearing a prosthetic device?** If YES, please indicate below and proceed to question 7. Yes ☐ No ☐
   If NO, proceed to Question 8.
   Arm ☐ Leg ☐
7. **Are you able to remove your prosthetic device?** If YES, continue to question 8. If No, end of questionnaire. Yes ☐ No ☐
   Certain attractions do not allow prosthetic devices but will allow guests with residual limbs to ride based on remaining length.
8. **Do you have two functioning knees?** A functioning knee must be able to bend and have residual limb under the knee joint.
   If NO, please answer below Yes ☐ No ☐
   Certain attractions have specific requirements for amputations (example: amputation to the ankle) and for length of residual limbs. Based on the information provided guests may be able to utilize a partial or full body harness to ride those specific attractions.

   Length of residual right leg: _____ Length of residual left leg: _____
   Length of residual right arm: _____ Length of residual left arm: _____

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 SESAME PLACE ATTRACTIONS THROUGH THE ATTRACTION'S DESIGNATED 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 AT SESAME PLACE 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 and that I will read all rider requirements for the rides that are recommended for me.

Guest Signature: _____ Date: _____