

WADE SHOWS, INC.

P.O. BOX 51730
LIVONIA, MICHIGAN 48151

Assumption of Risk Agreement

Date: _____

Fair/Event Location: Fiesta® Carnival, AlamoDome Parking Lot C, San Antonio, Texas – April 25th, 2023

I, _____, the supervisor of individuals with physical or intellectual & developmental disabilities at _____, know the physical and cognitive ability of each individual with a disability that I have in my charge. I have been informed and have read the Wade Shows "Ride Admission Policy."

_____ I acknowledge and understand that individuals with physical or intellectual & developmental disabilities may not find the rides suitable due to the strong side to side forces; rapidly changing turbulent forces; strong front to back forces; and rapidly changing heights.
Initial

_____ I have been informed, acknowledge, and understand that the individuals whom I supervise should not ride if they have a heart condition; neck disorders; seizures; dizziness; motion sickness; back disorders, or other physical conditions which may be aggravated by the motion of these rides. I understand that these individuals should not ride if they cannot be restrained by a lap bar; sit upright independently, or hold on.
Initial

_____ I acknowledge and understand that the individuals in my charge should not ride the rides if they are under the influence of any prescription medication; drugs or alcohol.
Initial

_____ I acknowledge and understand that the individuals I am supervising must remain seating, keeping their arms, legs, hands, and feet inside the car or tub at all times. I also understand that when entering these rides, there are cables and hoses that we will walk over and that we must watch for in order to not trip over them.
Initial

I have read the "Ride Admission Policy" for Wade Shows, Inc., acknowledge the agreement above, and fully understand the risks involved in riding the amusement rides at Wade Shows event. I take sole responsibility for the safety of the individual or individuals in my charge. I assume the risk for the individual or individuals who I supervise and will make sure they follow the rules that apply for their safety as well as the safety of others.

Signed: _____ Witness Name: _____

Name (Print): _____

School/Organization: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Email: _____