



## **RIDE ADMISSION POLICY**

Wade Shows strives to provide the best in family entertainment and recreation for all our guests. Our ride admission policy has been developed to allow each guest to participate in the enjoyment of as many rides and shows as possible.

Wade Shows, Inc. ride admission policy is based on the physical criteria necessary for an individual to safely ride each amusement device. We will allow anyone whom we feel exhibit all the necessary requirements and is not a hazard to themselves or others to ride.

We realize every guest has different abilities and limitations, and may not be completely knowledgeable about our operation and the nature of our rides. For this reason, guests with medical problems or special needs, upon entering the fair should be directed to the Wade Shows, Inc. Midway Office or Guest Relations where they may obtain a list of rides they can safely experience.

Amusement devices have various safety systems designed to accommodate an average person. These safety systems may place restrictions on the abilities of some individuals to safely experience the ride. Extremely large or small individuals, people with casts, braces, or various other special needs may not be safely accommodated by all of these systems.

Our evaluation of each ride was made using our knowledge of the ride in both normal and emergency operating condition. Using industry experience, knowledge of ride designs, manufacturer's recommendations and the American Society for Testing and Materials (A.S.T.M.) Standards on Amusement Rides and Devices, this policy was implemented to maximize what each guest can participate in safely. We restrict participation only if we feel safety may be compromised.

It remains the responsibility of Wade Shows, Inc. to deny entry to an amusement device to any person if, in the opinion of the owner/operator, the entry may cause above normal exposure to risk of discomfort or injury to the person who desires to enter, or, if in the opinion of the owner/operator, the entry may jeopardize the safety of other patrons or employees.

# WADE SHOWS, INC.

P.O. BOX 51730  
LIVONIA, MICHIGAN 48151

## ***Assumption of Risk Agreement***

Date: \_\_\_\_\_

**Fair/Event Location: Fiesta® Carnival, Alamo Dome Parking Lot C, San Antonio, Texas – April 21<sup>st</sup>, 2020**

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 can not 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: \_\_\_\_\_