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 u	pright and maintain proper riding position throu	ughout	_	
	rides without the aid of other people or devices even during bumping or other characteristic movements of the rides.				
2	2. Do you have control of your upper torso including head and ne	eck?	Yes 🔲	No 🔲	
	Riders must have sufficient muscle control to support their head	s, necks and upper torsos in the proper riding			
position during the ride's designed dynamic motions.					
3	B. Do you have the ability to grasp the restraint device with at lea	st 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			. 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	I. Do you have the ability to brace with at least one functioning le	eg?	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	5. Do you have an amputated limb? If YES, proceed to question 6	. If No, continue to question 9.	Yes 🔲	No 🔲	
6	6. Are you wearing a prosthetic device? If YES, please indicate bel	ow and proceed to question 7.	Yes 🔲	No 🔲	
	Arm ☐ Leg ☐]			
7	7. Are you able to remove your prosthetic device?		Yes 🔲	No 🔲	
	Certain attractions do not allow prosthetic devices but will allow guests with residual limbs to ride based on remaining length.				
8	3. Do you have two functioning knees? A functioning knee must be	e 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 leng	th of residu	al	
	limbs. Based on the information provided guests may be able to		se specific		
	attractions. Length of residual right leg:				
	Length of residual right arm:	Length of residual left arm:			
•	9. Are you able to withstand strobe effects?		Yes 🔲	No 🔲	
	10. Do you have any heart, neck or back issues?		Yes 🔲	No 🔲	
	11. Have you had surgery within the past 6 months?		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				
	SEAWORLD PARKS ATTRACTIONS THROUGH THE ATTRACTION'S DESIGNATED ENTRANCE.				
	SEAWORLD PARKS ATTRACTIONS THROUGH THE ATTRA	ACTION 3 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 ANYMEDICAL PERSONNEL WHO MAY BE CALLED UPON TO TREAT				
	YOU WHILE AT SEAWORLD PARKS OR BY OPERATION OF LAW.				
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	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:			