

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 23, 2024

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
Initial 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.

_____ I have been informed, acknowledge, and understand that the individuals whom I supervise should not
Initial 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.

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

_____ I acknowledge and understand that the individuals I am supervising must remain seating, keeping their
Initial 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.

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: _____