



Audience Participation Safety Form

All companies demonstrating any device (rides, inflatables, climbing structures, simulators and other devices) in which attendees can actively participate in must fill-out this form and return it to Safety Consultant by October 15, 2010.

Exhibitors demonstrating amusement rides, inflatables, climbing structures, simulators and other devices in which attendees can actively participate and offering rides to show attendees and guests are solely responsible for compliance with federal, state and local laws governing the operation of them, and for acquiring all necessary approvals necessary to demonstrate those devices during IAAPA Attractions Expo 2010. Full liability insurance coverage, as set forth in the 2010 IAAPA Rules and Regulations and exhibit space contract, must be obtained. The 2010 *Safety Consultant* will inspect all such participant interactive devices or attractions and their operators and attendants. Additional documentation set forth on the back of this form must be submitted with this form prior to the show. Questions concerning ride/attraction safety or the inspection process may be directed to the Safety Consultant, CLM Entertainment at 888-777-9499 (outside North America at +1-401-338-3246)

Manufacturer(s): _____

Device Name(s): _____ **Booth #:** _____

Device Description(s): _____

RPM: _____ **Direction of Travel:** _____

Number of People Device Accommodates at One Time: _____

Device will be for: Display Only Attendee Rides

Device History-explain the following: (Prototypes answer for major componentry.) Private or Public Regulatory Approvals (TUV, Cal DOSH, Engineering etc.):

Date & location of first public opening: _____

If the device is in usage elsewhere list three locations: (1) _____

(2) _____ (3) _____

Number of required operators: _____ **Number of required attendants:** _____

Number of *trained* attendants: _____ **& operators:** _____ **attending Trade Show?**

Describe safety systems and/or restraints applied to patrons: _____

Signage types (circle one) signs: yes/no; operator spiel yes/no; audio spiel yes/no Other?

Pre-Show Contact Name: _____

Phone: _____ **Fax:** _____

Address: _____

Address 2: _____

Trade Show Contact Name: _____

Mobile Phone Number: _____

All companies with audience participation must:

1. Include ASTM compliant fencing in their booth design and send a sketch of their booth design to IAAPA.
2. Multi-perspective photographs or overhead and side view renderings (photo or drawings) to IAAPA with this form.
3. Send a copy of a liability insurance form to IAAPA and Safety Consultant with this completed form.
4. Provide operational standard procedures or guidelines including emergency and/or evacuation plan to Safety Consultant.
5. Provide participant or rider requirements or limitations.
6. Supply copies, photos, rendering or descriptions of safety signs or audio spiels.
7. Provide operator and attendant training records or verification of completed training.
8. Provide a copy of the device or attraction opening inspection checklist.
9. Supply copies of prior government or private design, manufacturing or construction approvals. This would be from any private certification firm or engineering firm and also governmental approvals.
10. If the device or attraction is a prototype the required documentation extends to the major componentry. If the ride is a prototype a written history of the ride or its major componentry and the reasons why IAAPA should grant approval for its demonstration to the public must be included.
11. Supply any documents which would answer any questions by the *Safety Consultant* about safety concerns, inconsistencies with industry standards and applicable safety ordinances, codes and regulations relating to the construction of your exhibit and the demonstration of the device, attraction, game, product, service or promotion.
12. During the Expo Days, complete your Daily Pre-Opening Inspection Form after your inspection and have this form available for the Safety Consultant to pickup by show opening each day.

**MAIL FORM, INSURANCE and DOCUMENTATION TO:
IAAPA Audience Participation Safety Form
C/O CLM Entertainment, Inc
200 Allens Avenue, Suite 7D
Providence, RI 02903
USA**