Recipient's Name:	
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Amtryke Therapeutic Tricycle Waiver Form

AMBUCS members nationwide are dedicated to creating opportunities for mobility and independence for people with disabilities by providing Amtryke therapeutic tricycles, offering educational scholarships to therapy students and performing various forms of community service.

Purpose: The Amtryke therapeutic tricycle was designed for people with disabilities. It creates a feeling of freedom, builds self-esteem, strengthens muscles and improves motor coordination and rage of motion—all while making exer-

cise fun.

Initially, the rider may have difficulty turning or changing directions. Encourage the rider to go straight ahead, Steering:

back up and slowly turn around. On many models there are three steering options for the Amtryke. On the front column of the tricycle you will find two holes for the steering pin. The top hole is straight steering, the bottom

hole allows a 20 degree turning radius. Leaving the pin out gives the rider free steering.

Safety Cautions

- Fast speeds and sharp turns can cause the Amtryke therapeutic tricycle to tip or turn over.
- Always wear a helmet when riding an Amtryke. Use of other protective gear is highly recommended.
- Adult supervision required if used by younger or developmentally delayed riders.
- Use caution near vehicles, swimming pools and other bodies of water, hills, alleys and sloped driveways.
- Always wear shoes.
- Never allow more than one rider.
- Use of the steering pin is recommended to prevent over-steering or possible tip-overs.

The information contained in this service is not intended nor implied by National AMBUCSTM, Inc. to be professional medical advice by National AMBUCS, Inc. Always seek the advice of your physician, therapist or other qualified healthcare provider prior to staring any treatment or with any question you may have regarding a medical condition. Nothing contained in this document is intended by National AMBUCS, Inc. to be for medical diagnosis or treatment by National AMBUCS, Inc. or on behalf of National AMBUCS, Inc.

In no event shall National AMBUCS, Inc. be liable for any direct, indirect, incidental, consequential, special, exemplary, punitive, or any other monetary or other damages, personal injury or property damages, fees, fines, costs, attorney fees, or liabilities of any kind arising out of or relating in any way to this service or use of the Amtryke $^{ ext{@}}$ therapeutic tricycle, and/or content or information provided herein.

☐ I agree that the rider listed on the front of this document may be photographed. I also agree that the photos and recipient's na th it as SC

ne ability to use the photos and name for advertising/publicity	S, Amtryke or the local AMBUCS chapter. I further grant AMBUCS purposes without additional compensation, except where prohiberaphed under these same terms, I will let the photographer know a
By signing below, I acknowledge that I have read and unders	tood this liability waiver.
Recipient's Name:	
Adult Recipient Signature:	
If Recipient is Under Age 18	
Legal Guardian Name:	
Legal Guardian Signature:	Date:
Please mall, email or fax completed form to Grapevine Ambud	5 .
The Assessment, Tryke, and Liability/Waiver Forms must be	received by Grapevine Ambucs before Tryke delivery.