



Amtryke Adaptive Tricycle Request Form

(Must be filled out completely by adult rider or parent/guardian)

Recipient's Name: _____ Age: _____ Date of Request: _____
Mailing Address: _____ Phone #: _____
City/State/Zip: _____ Email: _____
Diagnosis: _____

If Recipient is Under Age 18

Parent/Guardian Name: _____
If different from above
Mailing Address: _____ Phone #: _____
City/State/Zip: _____ Email: _____

Secondary Contact Name: _____ Phone #: _____

Treating Therapist's Name: _____
Phone #: _____ Email: _____

How did you hear about the Amtryke Adaptive Tricycle? (Check all that apply)

Therapist Website AMBUCS Member Other: _____

Will you need financial assistance to obtain the tricycle? Yes No

If yes, how much can you pay? _____

Note: Amtryke adaptive tricycles are distributed based on available funds and need. Individual placements of Amtryke adaptive tricycles are at the discretion of the local chapter or parent organization.

Tell us about the recipient*:

*This information will be made public to help obtain funding. Please don't include information you don't want shared.

Including a photo of the recipient will help us obtain a sponsor to help you pay for the Amtryke more quickly. Digital images preferred but we also accept professionally printed glossy photos. No photocopies or folded images. By including a photo, you are giving consent for AMBUCS to use the image online and in print to help obtain a funding.

Signature: _____ Date: _____

Please mail this form to NorCal Trykers, 417 Mace Blvd., Ste. J-177, Davis, CA 95618, or email to Gill.Williams@NorCalTrykers.com.

Amtryke Adaptive Tricycle Waiver Form

(Must be filled out completely by adult rider or parent/guardian)

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

Purpose: The Amtryke adaptive tricycle creates a feeling of freedom, builds self-esteem, strengthens muscles and improves motor coordination and range of motion—all while making exercise fun.

Steering: Initially, the rider may have difficulty turning or changing directions. Encourage the rider to go straight ahead, 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 adaptive 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 AMBUCS™, 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 starting 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® adaptive 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 name may be used in promotional efforts for National AMBUCS, Amtryke or the local AMBUCS chapter. I further grant AMBUCS the ability to use the photos and name for advertising/publicity purposes without additional compensation, except where prohibited by law. If anybody in my party does not want to be photographed under these same terms, I will let the photographer know as soon as possible.

By signing below, I acknowledge that I have read and understood this liability waiver.

Recipient's Name: _____

Adult Recipient Signature: _____

If Recipient is Under Age 18

Legal Guardian Name: _____

Legal Guardian Signature: _____ Date: _____

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