



AmTryke Therapeutic 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: _____
County: _____

If Recipient is Under Age 18

Parent/Guardian Name: _____
Mailing Address: _____ Phone #: _____
City/State/Zip: _____ Email: _____

Secondary Contact Name: _____ Phone #: _____

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

How did you hear about the AmTryke Therapeutic Tricycle? (Check all that apply)

Therapist Website AMBUCS Member Other: _____

Greater Birmingham AMBUCS requires a \$100 tax deductible donation before we order any trykes.

Note: AmTryke therapeutic tricycles are distributed based on available funds and need. Individual placements of AmTryke therapeutic tricycles are at the discretion of the local chapter.

Tell us about the recipient: _____

Including a photo of the recipient will help us obtain a sponsor to help you pay for the AmTryke more quickly. By including a photo, you are giving consent for AMBUCS to use the image and personal information to help obtain a sponsor.

Signature: _____ Date: _____

Individuals will not be considered for placement until all three forms are returned to AMBUCS: this Request and the Waiver (on reverse) filled out by the recipient/guardian, as well as the Assessment filled out by the therapist.

AmTryke Therapeutic 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 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 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. 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.

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 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 service 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® therapeutic tricycle, and/or content or information provided herein.

By signing below I agree that I may be photographed by National AMBUCS. I also agree that my photo and name may be used in promotional efforts for National AMBUCS and AmTryke LLC. I further grant National AMBUCS the ability to use the photos and name for advertising/publicity purposes without additional compensation, except where prohibited by law.

Recipient's Name: _____

Mailing Address: _____ Phone #: _____

City/State/Zip: _____ Email: _____

Adult Recipient Signature: _____

If Recipient is Under Age 18

Legal Guardian Name: _____

Legal Guardian Signature: _____ Date: _____

Individuals will not be considered for placement until all three forms are returned to AMBUCS: this Waiver and the Request (on reverse) filled out by the recipient/guardian, as well as the Assessment filled out by the therapist.

Please mail or email completed forms to your local chapter

Birmingham AMBUCS: 1929 Canyon Road, Birmingham, AL 35216 Email: birminghamambucs1@gmail.com

This Request/Liability Waiver Form and the Assessment Form must be received by your local chapter before placement is considered.

(205) 823-7800

Trykes.org