

# AMTRYKE® THERAPEUTIC TRICYCLE WAIVER

**PURPOSE** The AmTryke® therapeutic tricycle was designed for children with disabilities. The hands, feet, or both power the tricycle. It allows freedom to travel, builds self-esteem, strengthens muscles, and improves motor coordination and range of motion while making exercise fun.

**Wish List** **To be eligible for the National Wish List all three forms must be received by the Resource Center. The three forms are the Request Form, Assessment Form, and Liability Waiver. Once these forms are received, the child's name is placed on the list and will remain there until the funds are raised to purchase the AmTryke® therapeutic tricycle for the child. This may take some time, please be patient.**

**STEERING OPTIONS** Initially, the child may have difficulty turning or changing directions. Encourage the child to go straight ahead, back up and slowly turn around. There are three steering options for the AmTryke® therapeutic tricycle. The tricycle comes out of the shipping boxes in the locked forward position. This is for shipping safety and also allows time for a new rider to build strength and control. On the front column of the tricycle you will find a steering pin with a large instruction tag attached. Read and follow the instructions to change the steering to twenty degree turning radius or free motion.

### **CAUTION**

*Fast speeds and sharp turns can cause the AmTryke® therapeutic tricycle to tip or turn over!  
Always wear helmet when riding AmTryke® therapeutic tricycle with adult supervision!*

AMBUCS™ members nationwide are dedicated to creating opportunities for mobility and independence for people with disabilities by performing community service, providing AmTryke® therapeutic tricycles to children with disabilities, and providing scholarships for therapists.

*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.*

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**Child's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Print Legal Guardian Name:** \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request form, assessment form, and liability waiver are required for tryke Placement**

**AMBUCS™ Resource Center**  
PO Box 5127 High Point, NC 27262  
888-AMTRYKE Fax: (336) 852-6830  
<http://www.ambucs.org/>  
<mailto:ambucs@ambucs.org>

