



# 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: \_\_\_\_\_

### 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 Therapeutic 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 therapeutic tricycles are distributed based on available funds and need. Individual placements of Amtryke therapeutic 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: \_\_\_\_\_

**Individuals will not be considered for placement until all three forms are returned to AMBUCS: this form filled out by the recipient/guardian, as well as the Assessment Form and Tryke Selection Form filled out by the therapist.**

Please mail or email completed form to Upstate SC AMBUCS  
Mailing address: P.O. Box 2634, Greenville, SC 29602 Email: [upstatescambucs@gmail.com](mailto:upstatescambucs@gmail.com)  
This Form, the Assessment Form and Tryke Selection Form must be received by Upstate SC AMBUCS before placement is considered.

# 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. 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 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® 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 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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