

AMTRYKE® THERAPEUTIC TRICYCLE WAIVER

PURPOSE The AmTryke® therapeutic tricycle was designed for people 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.

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® therapeutic tricycle. On the front column of the tricycle you will find 2 holes for the steering pin. The top hole is straight steering, the bottom hole allows 20 degree turning radius.

SAFETY

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! Adult supervision required if used by younger riders.*
- *Use caution near cars and other motor vehicles, near sloped driveways, hills, alleys, swimming pools and other bodies of water.*
- *Always wear shoes.*
- *Never allow more than one rider.*
- *Use of protective gear and safety helmet is highly recommended.*
- *Use of the steering pin is recommended to prevent over-steering or possible tip-overs.*

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 people 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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Recipient's Name: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

If recipient is under 18 years of age:

Print Legal Guardian Name: _____

Legal Guardian Signature: _____ **Date:** _____

Request form, assessment form, and liability waiver are required for tryke placement

The Little Red Dog Foundation
Phone: (834) 522-8019
41 Newport Road * Beaufort, SC 29907

