



Amtryke Adaptive Tricycle Veteran Request Form

(Must be filled out completely by Veteran)

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

Service Details

Rank: _____
Unit Info: _____ Time in Service: _____
Awards: _____
Were you honorably discharged? Yes No
Is your disability: Combat duty related Non-Combat duty related Non duty related

Secondary Contact Name: _____ Phone #: _____
Treating Therapist's Name: _____ Field/Title: _____
Phone #: _____ Email: _____

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

Therapist _____ AMBUCS Member _____

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, circumstances of injury and a hierarchy of need through the National Amtryke Advisory Board. Individual placements may also be made at the discretion of local AMBUCS chapters.

I agree to 'recycle' the Amtryke for use by another Veteran when I am no longer using it. I will return it to the organization that gave it to me or, if for whatever reason I can't, I will donate it to another Veteran who will use it.

Date of injury, diagnosis and how it occurred: _____

Signature: _____ Date: _____

Individuals will not be considered for placement until all three forms are returned to AMBUCS: this Request and Waiver Form filled out by the Veteran, as well as the Assessment Form and Tryke Selection Form filled out by the therapist.

Please mail, email or fax completed form to your local chapter or the AMBUCS Resource Center
Resource Center: P.O. Box 5127, High Point, NC 27262 Email: wishlist@ambucs.org Fax: 336.852.6830

(800) 838-1845
ambucs.org

This Request/Liability Waiver Form, Assessment Form and Tryke Selection Form must be received before placement is considered.

Amtryke Adaptive Tricycle Waiver Form

(Must be filled out completely by Veteran)

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.

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 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.

The information contained in this document 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 I may be photographed by National AMBUCS. I also agree that my photo and name may be used in promotional efforts for National AMBUCS, Amtryke or the local AMBUCS chapter. 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. 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.

Veteran's Name (printed): _____
Mailing Address: _____ Phone: _____
City/State/Zip: _____ Email: _____
Veteran's Signature: _____ Date: _____

I, (veteran's signature) _____, pledge to return this Amtryke to _____ if I decide to no longer use it. I understand that it will be passed on to another Veteran who can benefit from using the Amtryke. If it is not possible to return it, I will donate it to another Veteran who will use it. I understand that under no circumstances am I authorized to sell the Amtryke.

Individuals will not be considered for placement until all three forms are returned to AMBUCS: this Waiver and Request Form filled out by the Veteran, as well as the Assessment Form and Tryke Selection Form filled out by the therapist.