

# 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.

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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**

AMBUCS Resource Center  
[www.ambucs.org](http://www.ambucs.org)  
1-888-AMTRYKE  
Fax 336-852-6830  
PO Box 5127 High Point NC 27262

