



Chapter Ramp Reporting Form

Chapter: _____

Form completed by: _____

Daytime phone: _____

Checklist of required information:

_____ Date of Installation: _____

_____ Recipient: _____

_____ Location : _____
Street Address

_____ City State Zip Code

_____ Who designed ramp: _____

_____ Attached copy of signed Release from Liability

_____ Attached copy of sign off/approval by city/town and recipient

_____ Several photos of completed ramp

Please return with attachments to:

AMBUCS™ Resource Center
PO Box 5127
High Point, NC 27262
Fax: (336) 869-2166



Creating Independence For People With Disabilities

RELEASE FROM LIABILITY

_____ Chapter of National AMBUCS™, Inc.

Please read and sign the release below

For the opportunity to participate in the services offered through the AMBUCS™ ramp program, I do hereby agree that:

1. I understand and acknowledge that the activity may involve risks and dangers, including bodily injury and property damage which may result from, in whole or part, my own acts or omissions, the acts or omissions of other participants or due to conditions in which the activity takes place. I fully and knowingly assume all such risks and responsibility for any loss cost of damage I incur as a result of my participation in ramp building services provided by AMBUCS™;
2. I release, indemnify, discharge and forever hold harmless National AMBUCS™, Inc., any and all causes of action, liabilities, charges and costs whatsoever, whether in statutory or common law, which may result from or be contributed to by my participation in ramp building services provided by AMBUCS™;
3. If any provision of this waiver, release and assumption of risk is found to be unenforceable, it shall not effect the enforceability of the remaining portions, which shall be enforced to the extent permitted by law,
4. This agreement shall bind my heirs, executors, administrators, successors and assigns; and
5. I also grant the organization to:

- | | | |
|--|-------|----------------|
| Take and use photographs of myself | _____ | please initial |
| Take and use photographs of my home | _____ | |
| Use my name in media releases and AMBUCS™ publications | _____ | |
| Use my city and state of residence in media releases and AMBUCS™ publications. | _____ | |

I have carefully read this agreement and fully understand its terms and have signed it freely, intending it to be a complete and unconditional release of any and all liability.

Signature of Applicant

Date

Printed name

Address City State Zip Code

() _____
Phone number

National AMBUCS™ Inc. PO Box 5127 High Point, NC 27262
Phone: (336) 869-2166 Fax: (336) 887-8451 Email: ambucs@ambucs.org
www.ambucs.org

AMBUCS™ Ramp Project Application



NAME: _____ DATE OF REQUEST: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ COUNTY: _____

PHONE: _____

SECONDARY CONTACT NAME: _____

PHONE: _____ ADDRESS: _____

DOES APPLICANT RENT/OWN HOME: _____ RENT _____ OWN

HOW DID YOU HEAR ABOUT THE AMBUCS™ RAMP PROGRAM? (CHECK ALL THAT APPLY)

____ MEDIA ____ FRIEND ____ WEBSITE ____ AMBUCS™ MEMBER

____ THERAPIST ____ OTHER- PLEASE SPECIFY: _____

Please return completed form to the _____ Chapter of
National AMBUCS™ at: