

# Go Baby Go! Application

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Parent/Guardian – Please complete your portion of the application and have your child’s PT or OT complete the clinical portion. Send the entire application and a recent photo of your child to:

Wendell Foster c/o Cindy Huston  
815 Triplett Street  
Owensboro, KY 42303  
Chuston@wendellfoster.org

An interdisciplinary team will review the application to ensure eligibility. You will be contacted when your child has been chosen to receive a car.

Date: \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Age: \_\_\_\_ Birth Date: \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Please tell us about your child and how they would benefit from an adapted ride-on car.

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T-shirt size for child, parents, and siblings: \_\_\_\_\_

Please list your child’s favorite cartoons, colors, etc. \_\_\_\_\_

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May we contact service providers that have worked with your child and can verify the need for a ride-on car? If so please provide the following information:

Name \_\_\_\_\_ Discipline \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Discipline \_\_\_\_\_ Phone \_\_\_\_\_

### Release of Liability

In consideration of receipt of an adapted ride-on car from Wendell Foster, the recipient, through his/her parent or legal guardians, hereby releases and forever discharges Wendell Foster, their employees, volunteers and board members, and any organization or individual sponsoring a build, or any vendor that is providing ride-on cars, from and against all claims, of any type, which arise from or are related to:

- 1) Any alleged malfunction of or defect in the equipment;
- 2) Any allegation that the equipment was not appropriate or suitable for the recipient;
- 3) Any other matter, of any type, related to the recipient's receipt or use of the equipment;
- 4) Any lost or stolen equipment.

I understand the Go Baby Go! program modifies electric ride-on toys and that use of the equipment entails unknown and unanticipated risks that cannot be eliminated. I agree and promise to accept and assume all of the risks associated with use of the ride-on car. My acceptance of this equipment is purely voluntary and I have elected to accept it despite the risks.

I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against Wendell Foster, its board members, employees, volunteers, participants, and all other persons or entities acting on its behalf that relate in any way to the equipment. I understand the equipment is provided "as is" and that Wendell Foster has effectively disclaimed any and all warranties, express or implied, related to equipment.

### Authorization to Use Photos and Name

The recipient and his/her parents or legal guardians hereby acknowledge and agree that acceptance of an adapted ride-on car may result in publicity and authorizes Wendell Foster and sponsors to:

- 1) Photograph and video the recipient in any manner;
- 2) Use the recipient's photo, name, and voice, for any publication or promotion;
- 3) To copyright, convey or distribute, now or in the future, any material involving the recipient and his/her parents or legal guardians and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations;
- 4) To publicize, now or in the future, the name of the recipient including information regarding his/her physical condition and details regarding the equipment received from Wendell Foster.

The recipient and his/her parents or legal guardians agree that it is not necessary for Wendell Foster to contact them prior to releasing any information authorized by this agreement. The recipient and his/her parents or legal guardians hereby release Wendell Foster from any and all claims which arise from or are related to Wendell Foster's use, distribution, or disclosure of any photos, films, videotapes, electronic recordings or other information regarding the recipient and their ride-on car.

By signing this document, I state that I have read and understood it and agree to be bound by its terms.

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Signature is required of all legal guardians.**

# PT/OT Child Assessment Form

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Provider Name: \_\_\_\_\_ Discipline: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Child's Measurements:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Leg Length: \_\_\_\_\_ Trunk Length: \_\_\_\_\_

## Assessment:

Can the child sit independently? \_\_\_\_\_

How much support do they need to stay upright? (i.e. would child be able to stay upright with a seatbelt or would they need an H-harness?)

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Does the child use one arm/hand more than the other? \_\_\_\_\_

Can the child reach purposefully? \_\_\_\_\_ If not, what is their primary purposeful movement?

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What are your thoughts on switch placement? \_\_\_\_\_

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What are your current therapy goals for the child? \_\_\_\_\_

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Is there any additional information that would be beneficial to know about the child? \_\_\_\_\_

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PT/OT Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_