

Scooter Application Form

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SCOOTER RECIPIENT INFORMATION

Name

<i>Full Name</i>	<i>E-mail Address</i>

Address (For Contact Purposes)

<i>Street and Number</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Phone Numbers

<i>Daytime Phone</i>	<i>Evening Phone</i>	<i>Cellular Phone</i>	<i>Fax</i>

Personal (Required for scooter sizing)

<i>Height</i>	<i>Weight</i>	<i>Other Comments</i>

Diagnosis (the date you were diagnosed and the reporting doctor's contact information)

<i>Date Diagnosed</i>	<i>Doctor's Name</i>	<i>Doctor's Phone Number</i>

RECIPIENT CRITERIA

Applicant Meets the Following Criteria: (Check All That Apply)

- My condition is such that without the use of a wheelchair I am confined to my home.
- My condition is such that a scooter is medically necessary and I am unable to operate a manual wheelchair.
- I am capable of safely operating the controls of an electric scooter.
- I require the use of a scooter to move around my residence or out of doors.
- I have weakness of the lower extremities due to a neurological, muscular, or cardiopulmonary disease or condition.
- My condition is such that a scooter will be needed long term (indefinitely).
- My financial position is such that I cannot afford a scooter.
- I am a member of SATH, in good standing. If not a member, please contact SATH to inquire about membership: 1-212-447-7284.

EXISTING EQUIPMENT

 (Complete this section only if you presently own or have use of a mobility scooter)

Do you presently own or have use of a mobility scooter? No Yes (If Yes, please explain)

Please proceed to the next page >>

FINANCIAL INFORMATION

Monthly Gross Income (Less Withholding Taxes)

Applicant's Earnings	\$
Spouse's Earnings	\$
Applicant's Disability/Retirement Income	\$
Spouse's Disability/Retirement Income	\$
Miscellaneous Income (Stocks, Bonds, Other)	\$
Total Income	\$

Monthly Expenses

Mortgage or Rent	\$
Property Taxes and Insurance	\$
Utilities	\$
Food	\$
Medical: Prescriptions:	\$
Doctors	\$
Dentists	\$
Insurance: Automobile	\$
Life	\$
Health	\$
Credit Cards	\$
Time Payments	\$
Car Payments	\$
Automobile Repairs	\$
Gasoline	\$
Miscellaneous Expenses	\$
Total Expenses	\$
Disposable Income	\$

PROXY INFORMATION (Complete this section only if applying on behalf of another individual)

Name

<i>Full Name</i>	<i>Relationship to Applicant (e.g. Friend, Colleague, Spouse)</i>

Contact Information

<i>Daytime Phone</i>	<i>Evening Phone</i>	<i>Cellular Phone</i>	<i>Fax</i>

ACCEPTANCE OF APPLICATION (Must be signed by Applicant or Proxy)

I hereby certify that the information provided in this application is accurate and that I, (the applicant), have a legitimate need for a mobility scooter.

Applicant Signature, _____

Proxy Signature (If applicable), _____

WAIVER

This Agreement ("Agreement") is entered into by and between the Clarence Vincent Foundation ("CVF"), the Society for Accessible Travel and Hospitality (SATH), and the scooter recipient ("Recipient").

SECTION 1

WARRANTY

1.1: Award Scooters are presented "AS IS" and WITHOUT WARRANTY OF ANY KIND, express or implied, (including, without limitation, any implied warranty of merchantability or fitness for a particular purpose).

PUBLICITY

1:1 By accepting an Award Scooter, the Recipient grants CVF and SATH the rights to use Recipient's name, address (city and state only), voice, likeness, photograph, biographical and scooter award information and/or statements about the promotion for any publicity, advertising and promotional purposes without additional compensation, except where prohibited by law.

SECTION 2

INDEMNIFICATION / LIABILITY

2:1 By accepting an Award Scooter, the Recipient waives any and all claims of liability against CVF and SATH and their employees and agents, for any personal injury or loss which may occur from the use or misuse of the Award Scooter. In order to receive an Award Scooter, Recipients must sign and date the Waiver section of the Scooter Application Form.

SECTION 3

TITLE AND OWNERSHIP

3.1: Once the Award Scooter is presented to the Recipient, the Recipient is responsible for repairs, replacement parts and any and all costs associated with the scooter's operation.

3.2: Award Scooters may not be redeemed for cash or any other item and may not be transferred or assigned to any other party. If the Recipient no longer requires the Award Scooter, the scooter must be returned to CVF.

SECTION 4

MODIFICATION / TERMINATION OF AGREEMENT

4.1: This Agreement may be amended or modified at anytime by CVF. The signed contract and these terms and conditions constitute the entire agreement between CVF and Recipient.

4.2: This Agreement may be terminated by CVF without any notice, if the other party breaches any material term hereof and the breaching party fails to cure such breach within a 30-day period.

WAIVER AGREED AND ACCEPTED BY RECIPIENT:

Applicant Signature *Print Name* *Title* *Date*

WAIVER AGREED AND ACCEPTED BY THE CLARENCE VINCENT FOUNDATION

CVF Representative Signature *Print Name* *Title* *Date*

The Clarence Vincent Foundation

APPLICATION PROCESSING

Please complete this form in full and fax it to: **(212) 725-8253** or mail to: the Society for Accessible Travel and Hospitality - 347 Fifth Ave, Suite 610, New York, NY 10016. A representative will contact you once this form has been received.

Questions? Please call the Society for Accessible Travel and Hospitality at **(212) 447-7284** if you have any questions regarding this application.