



GoBabyGo! Program

Mission Statement

The Department of Physical Therapy and Human Movement Sciences (PTHMS) *GoBabyGo!* Program partners with families, students, and the community to build modified toy ride-on cars to provide mobility & sociability for children with special needs.

Instructions

In order for us to better serve your child’s specific needs, it would help us to know more about the type of car and supports they might need to be successful with mobility goals. Please fill out this application to help us learn more about your child and family. You can submit a completed application along with signed waivers and additional supporting documents to either: gobabygo@northwestern.edu, or by mail to: PTHMS PALS c/o Kristin Krosschell 645 North Michigan Avenue Suite 1100 Chicago, IL 60611. If you have any questions, please reach out to us: gobabygo@northwestern.edu.

Child’s Name: _____ Child’s Age and Birth Date: _____

Child’s Height: _____ Child’s Weight: _____

Parent or legal guardian (Name and relationship): _____

Address (where child resides):

Email Address of Parent/Guardian: _____

Phone Number: _____ check: Home Work Cell

Medical Diagnosis/Nature of Disability: _____

Can your child sit on their own? Yes Yes, with help/support No

Can your child stand on their own? Yes Yes, with help/support No

Can your child control their head in sitting? Yes Yes, with help/support No

Will your child follow an instruction such as “push the button”? Yes No

Does your child currently used powered mobility? Yes No

How would you see your family using a modified car? _____

Car will primarily be used at (check all that apply) Home School/Day Care Community

If it is okay with you, we would like to speak with your physical or occupational therapist about your child’s movement strengths and challenges. By providing their contact information here, you are giving us permission to reach out to ask them for more information about your child.

Therapist name and clinic: _____

Email address: _____ Phone number: _____

If possible, please submit a photograph of your child sitting on the floor and in a chair, and/or a short (~30 seconds) video of them in a seated posture.

If there is anything else you think we should know, please use the space below to comment:



Release of Liability

In consideration of the receipt of an adapted/modified *GoBabyGo!* mobility device, adapted and/or provided by PTHMS at Northwestern University through their *GoBabyGo!* Program, _____ (the Recipient thereof), him/herself or through his/her parent or legal guardian, hereby releases and forever discharges The Department of Physical Therapy and Human Movement Sciences at Northwestern University, Northwestern University of the United States, their members, employees and officers (hereafter collectively referred to as “Northwestern”) from and against any and all claims, of any type, which arise from or are related to:

- any alleged malfunction of or defect in the enabling equipment;
- any allegation that the enabling equipment was not appropriate or suitable for the Recipient;
- any other matter, of any type, related, in any way, to the Recipient’s receipt or use of the enabling equipment;
- any lost or stolen enabling equipment.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)



Disclaimer

The mission of PTHMS *GoBabyGo!* Program at Northwestern University is to help provide assistive mobility for children, 7 years of age and younger. PTHMS purchases the necessary equipment directly and/or with charitable donations. The equipment we provide carries no warranty from PTHMS and its use, even in the event of malfunction resulting in injury, gives rise to no liability on the part of PTHMS. PTHMS is merely a provider of adapted cars and devices. PTHMS is in no way responsible for reclaiming, disposing of, maintaining or repairing equipment. It is the sole responsibility of the Recipient's legal guardian(s) to maintain, repair and/or dispose of the equipment. Any other costs that may be associated with the equipment such as installation, delivery, labor, disposal, etc. that are not explicitly stated on the application are the sole responsibility of the Recipient's legal guardian(s). This equipment will be obtained solely for the use of the child in need, and their mobility and developmental purposes.

Before disbursement of any equipment, the legal guardian(s) of the Recipient must have this form signed, witnessed by a non-family member, and returned to PTHMS.

I _____ am the Legal Guardian of
(Legal Guardian's Name) (Legal Guardian's Signature)

_____. I have read and fully understand and agree to the above Disclaimer.
(Recipient's Name printed)

I _____ am the Legal Guardian of
(Legal Guardian's Name) (Legal Guardian's Signature)

_____. I have read and fully understand and agree to the above Disclaimer.
(Recipient's Name printed)

This document has been witnessed by _____ on _____.
(Name/signature) (Date Signed)



Authorization to Use Name and Likeness

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the assisted mobility devices from PTHMS may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize PTHMS: (a) to publicize and use the Recipient's likeness, voice and features, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose; (b) to photograph, videotape, film and record each Recipient in any manner PTHMS chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the Recipient, his/her parents or legal guardian and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations; (d) to publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the enabling equipment received from PTHMS.

The Recipient and his/her parents or legal guardian agrees that it is not necessary for PTHMS or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardian hereby releases PTHMS from and against any and all claims, of any type, which arise from or are related to PTHMS's use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the award from PTHMS.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

We do require photos of your child with their awarded equipment. Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. However, these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, individuals, and community foundations to help children with disabilities and to continue our programs. Thank you.