

Tetra Society Of North America
Request For Assistance



Client Name: _____
Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____
Res. Phone: _____ Bus. Phone: _____ Fax: _____
E-mail: _____

Contact Name and Phone Number (if different than client): _____

Age (please check an age group) 0 – 12 13 – 19 20 – 64 65+

Nature of Disability:
ALS Multiple Sclerosis Arthritis Paraplegia
Cerebral Palsy Quadriplegia Muscular Dystrophy Spina Bifida
Other: _____

Describe problem that needs solution: _____

Have you looked for a commercial solution? Explain: _____

Do you have any suggestions on how this problem could be solved?
(If a volunteer is assigned, you will work together to solve the problem): _____

What agency provides you with financial support in acquiring assistive devices?
ICBC/Auto Insurance WCB Welfare CPP/Social Security
Health Insurance None Other: _____

How did you find out about our program? Please check one and specify in space provided.
Health Professional Family/Friend Disability Org. Prior Tetra Client
Media Specify: _____

Publicity: Can we use your device or any photographs to promote or fundraise for TETRA? Yes No

- Tetra is a Volunteer, Not for Profit Group.
- The cost of materials and volunteer's travel expenses are to be reimbursed by the client.
- All money transactions are to be handled through the local Tetra Chapter Coordinator.
- A one-time only \$ 10.00 membership fee is required to help this chapter operate.
- The client understands that he/she is in control of the services and Tetra simply provides volunteer help to assist.

After your project is complete, we ask that you write a thank- you letter too the volunteer.

Please read and sign the following Exclusion of Liability, No Action and Indemnity clauses. By signing below, you will waive certain legal rights including the right to sue. Please read carefully.

In consideration of the services to be provided to me by the Tetra Society of North America and/or its members, directors, volunteers, officers, agents, representatives, employees, and assigns (collectively, the "Releases"), I hereby agree as follows:

1. **Exclusion of Liability**-not to hold the Releases, or any of them, liable for any loss, damages or injuries that I may suffer, whenever to person property, howsoever caused, including negligence, breach of contract and breach of any statutory duty or other duty of care, on the part of the Releasees, or any of them;
2. **No Action**-not to bring any action, proceedings or claims against the Releasees, or any of them, for any loss, damages or injury that I may suffer, whether to person or property;
3. **Indemnity**-to indemnify and hold harmless the Releasees from and against all claims, actions, cost, expenses and demands brought by any person in respect of death, injury, loss or damage, whether to person or property, resulting from my participation with the Releasees and their projects and services.

I have read and understand this agreement and I an aware that by signing this agreement I am waiving certain legal rights which I or my heirs next of kin, executors, administrators and assigns may have against the Releasees.

Note: A parent, guardian and/or trustee, committee must also read this form and sign below if the client is under the age of 19 years and/or the client has a legal representative (i.e. trustee, committee) appointed on his or her behalf.

Date: _____ Signature: _____

Date: _____ Witness: _____

Date: _____ Parent/Guardian: _____

Date: _____ Trustee, Committee
Other Legal Representative: _____

Please enclose your \$10 membership fee with this form. Your Cheque should be made payable to TETRA SOCIETY OF NORTH AMERICA.

To Be Filled Out By Local Chapter Coordinator (OFFICE USE ONLY)

Chapter Name/I.D: _____ Name of Assistive Device: _____

Date received: _____ Project #: _____ Client #: _____

Project status:

Date Assigned _____ Date Completed _____ Date Abandoned _____ Date Referred _____

Device Category: Vocational Recreational Communication Aids Eating & Drinking
Personal Care Household Aids Mobility Aids

Name of Volunteer Assigned _____

Amount Invoiced Client _____ Amount Reimbursed _____

Describe solution to problem (attach photo if available): _____

Local Tetra Contact:

Dr. Leonard M. Lye, P. Eng.
Coordinator, Tetra Society (NFLD)
Faculty of Engineering & Applied Science
Memorial University of Newfoundland
St. John's, NF A1B 3X5
Tel: (709) 737-8933 Fax: (709) 737-4042
Home Tel: (709) 753-0733
Email: llye@engr.mun.ca