



***LOSE THE TRAINING WHEELS***  
***Sponsored by: Autism Society of  
Southeastern Wisconsin and Down  
Syndrome Association of Wisconsin***

AN INFORMATION SHEET FOR PARENTS  
© 2004 Richard E. Klein, Ph.D. & Rainbow Trainers, Inc.

**Milwaukee Camp Specific Information**

- When:** Monday, June 29 – Friday, July 3, 2009
- Where:** Nicolet High School  
6701 N. Jean Nicolet Rd.  
Milwaukee, WI 53217
- Cost:** \$200 per attendee which includes a helmet and camp T-shirt.
- Goal:** Lots of kids riding on two wheels!
- Schedule:** Session 1 – 10:00-11:15  
Session 2 – 11:30-12:45  
Session 3 – 1:45-3:00  
Session 4 – 3:15-4:30  
Session 5 – 4:45-6:00

Please return a complete application by May 1, 2009 or as soon as possible. Please note that qualified applicants will be approved on a first come, first served basis with preference given to members and clients of the above organizations. Applications that are not complete will not be considered and will not be given standing in time with respect to first come, first serve preference. This facility does not have air conditioning. If your child has a health condition that requires a cooler environment, please consider registering for the Racine camp.

### Lose the Training Wheels Camp Introduction

**\*\*\* Please Read This Entire Document Carefully. It contains information that is critical to your child's success.\*\*\***

This document is provided for the purpose of informing parents about the *Lose the Training Wheels Program*, its objectives and format. Our objective is to be able to provide a bicycle riding environment utilizing specialized equipment as well as coaching and encouragement. Our central focus is to permit children to ride conventional bikes without training wheels who would otherwise be relegated to staying on training wheels, standing by, riding a tandem, or riding what we regard to be cumbersome special purpose bikes and tricycles. Consequently, we work primarily with those children who possess certain basic attributes, such as being ambulatory, having use of all limbs, with adequate vision to see and avoid obstacles, and most importantly, the desire to ride a 2-wheeled bike. ***Most children enrolling are those capable of riding bikes with training wheels, albeit with some difficulty or hesitation.*** Children with more severe challenges such as requiring wheelchairs and walkers, or being blind, for example, are possibly best served by seeking other therapy options. In the cases when a child is able to master a two-wheeler our goal has been achieved and a new world has been opened to that child. We have had demonstrated success with children with varied disabilities and challenges. Age ranges typically are from seven to twenty-one.

If a child is to be able to learn to ride a bike, ***the primary ingredient or prerequisite is that the child must want to ride a bike.*** If a child refuses to get on a bike, any bike, even one of our stable adapted trainers, then there is little chance that the child will master bike-riding skills. The child must have the internal desire, and not merely be the reluctant participant based on the parent's expectations and desires. Yes, parents can help and provide encouragement, but if the child has a firm resistance to undertaking the first step, typically putting on a helmet and then trying out a first level trainer under the supervision of one of our staff, that child won't learn until and unless we overcome the reluctance.

We take it as a given that the child being enrolled, possibly your child, has been unsuccessful in the past in attempts to lose the training wheels, and that a variety of reasons may have been responsible for that lack of success. We at *Lose the Training Wheels* have devoted years of university level research to prepare us to work with children with reluctance and outright fear as well as physical and cognitive limitations. A core group of researchers, mostly university professors as well as adapted physical education specialists, has published some results, and we continue to document and make our findings and techniques known so that more children might benefit.

The *Lose the Training Wheels Program* uses a special design of bicycle, which we refer to as an adapted bike trainer. In reality, our therapy utilizes a progression of trainer bikes. The children typically start riding on ultra-stable trainer bikes and then progress towards what we can call normal bikes – a conventional bike without those dreaded training wheels. These bikes are of our own design, and are handcrafted on a custom basis in our own shops. Our trainer bikes aren't available for rent or sale, as the adapted trainers are intended merely as stepping-stones for use in a clinical format so as to allow children to graduate onto conventional bikes.

By utilization of a clinic format, the adapted trainers, although expensive and intricate to custom build, are used over and over again by numerous children and thus the costs of the therapy per child are held within bounds. We are Quixotian researchers seeking to bring about the realization of a dream – the dream of empowering children with special needs to ride bikes. The other reality is that specialized therapy involving specialized equipment is not cheap. Yes, most clinics opt to charge a modest tuition fee, but such fees typically fall short, and significantly so, in meeting our customary operating expenses. Most *Lose the Training Wheels Program* clinics require substantial donations, both monetary as well as donated use of facilities, volunteers, staff, and administrative support.

We believe that the therapy – enabling children with special needs to master bike riding – has a host of benefits. Self-esteem, peer inclusion, improved health, and improved physical enjoyments are but a few.

Learning to ride a bike for children with special needs isn't always simple. If a child has been unsuccessful in previous attempts, there are often underlying causes. The specific causes vary, but can include physical limitations, cognitive delay, improper equipment, improper instructional technique, and improper practice environment – or a combination. Moreover, even the previous attempts, especially if they resulted in falls or injury, at times contribute additional hurdles that must be overcome – as the child's fear and apprehension factors have intensified.

### **Program Format Information**

We want the parent to be as informed as possible, so with that in mind we present the following information for consideration –

#### **Time Tables.**

Learning to ride a bike involves learning a sequence of skills and ultimately being able to execute multiple skills in a coordinated manner. Each child will learn on his/her own timetable. Some children can learn in an hour, and yet others require more time. A full week of the program is often sufficient for many children. Because of the need to be fresh and rested as well as other limitations, we find that children do best when we schedule a daily riding session not to exceed 1 ½ hours (90 minutes). Your child will be assigned to a session or time slot, as we typically run a number of sessions each day of the clinic. We don't watch the clock, but rather watch to see that the child makes improvement – step-by-step, or pedal-by-pedal, if you wish.

#### **End Outcomes.**

We strive as hard as feasible to bring every child along to be able to become an independent bike rider, but **we don't have 100 percent success**. The outcome is not anything that we can guarantee. We do guarantee to do our best in terms of providing the best equipment, staff, support, environment and attention to detail.

#### **Defining an Independent Rider.**

An independent rider is a rider who can walk up to a bike, reach for the handlebars, raise the kickstand (if so equipped), position themselves on the seat of the bike unassisted, and start riding on their own. In addition, the child should be capable of remaining upright and even following along some desired pathway so as to arrive at a destination, be it across the parking lot or across some park where bike paths are present. The child should be able to avoid obstacles, and come to a controlled stop when desired and necessary. Admittedly, some children with cognitive, physical, visual, or behavioral challenges may require responsible supervision once they can "ride," but in these cases the family is often then capable of bicycling as a group.

#### **Immersion in Bicycling.**

Once your child starts participation in our program, they will ride our special trainer bikes and continue to ride such bikes under our supervision. We ask that you refrain from going home at night and getting out the old training wheels. Let the child bike with us exclusively for the duration of our program.

### **One Skill at a Time.**

A common bit of advice that golf pro's give is to learn to play golf, and don't try taking tennis lessons at the same time. In short, biking involves learning a new physical skill. Learning a new physical skill involves a process where the brain patterns and reflexes are encoded, and thus become more akin to reflexes as opposed to conscious acts. This encoding process evolves as the skill is practiced, thereby becoming "learned." In the case of learning to ride a bike, we have to permit time to encode a number of skills, and then allow the learner to become graceful and coordinated as skills are combined and executed. Please try to avoid cramming in other classes or clinics such as horseback riding, ballet, baseball, swimming, or soccer. If the child already knows a skill such as soccer and then wants to play, that is fine, but don't schedule lessons for new skills that overlap with the *Lose the Training Wheels Program*.

### **Appropriate Dress.**

Biking is a physical activity for which dress needs to be appropriate. In general, avoid dresses and baggy clothes that restrict movement or get stuck on seats and in bike spokes and chains. Knee length pants are fine, along with short-sleeved shirts in warmer weather. If it is colder, then longer length is okay, but avoid floppy and baggy clothing. Shoes should be suitable for pedaling a bike, so avoid clogs and sandals, or dangling shoelaces. If your child wears corrective lenses, consider a plastic holder such as athletes wear so glasses stay on. Lastly, girls should have a hairstyle conducive to wearing a helmet; so avoid braids, pigtails, and especially pigtails held in place by beads. Hair beads and helmets don't mix.

### **Helmets and Other "Equipment."**

\*\*\*\* **A helmet will be provided to each rider at the start of camp.** The cost of the helmet is included in your registration fee. However, if you have a helmet for your child please bring it with you in case we do not have a helmet that will fit. We will make every effort to have a helmet for each child, but we cannot guarantee that we will have one for your child that is the appropriate fit. It is critical that you bring yours as a backup because each rider is required to have a helmet to participate.

If your child requires special equipment such as ankle or leg braces for treatment of CP, for example, or a weighted vest for helping with sensory integration tendencies, please so note on the application and bring these items with you to camp.

### **Siblings.**

Your child's siblings are adorable by any standard, but we ask that you refrain from allowing them to be present or to interfere with the bicycling therapy. In short, we can't focus on your child if a sibling is nearby demanding equal attention, getting onto our bikes, or even creating a fuss. In certain circumstances the presence of siblings is desirable, such as for offering encouragement and support to the child with special needs, but we will ask in those cases.

### **Bringing Your Child's Bike.**

In the *Lose the Training Wheels Program* we will provide all bikes including the one that you child will initially ride on – that first two-wheeler. Please leave your bike at home until asked by the staff to bring it in. Our staff will examine your bike and offer comments regarding suitability, needed adjustments, or possibly selection criteria for a more suitable bike. **If your child does not yet have a bike, we suggest that you refrain from buying a bike until we can work with your child and better advise you as to what might be appropriate.** We will try to take into account availability, your child's skill level, your budget considerations, and esthetics.

### **Photo and Liability Releases.**

Photography is used as a part of the evaluation of the progress of each child, notably video-taping. Still pictures are also taken. These visual and sound images are central to document progress and for promotional purposes. The parent or guardian is required to consent to the taking of photographic images, sound images, and as well anecdotal information.

These images and records are used internally for proper operation of the program as well as externally as related to publications in research journals, media coverage, program development, and program promotion. If you elect to not grant such consent, then your child will not be enrolled. Please be advised that our usage of any photographic and sound images, the child's name, and the clinical details will be in a professional manner and intended to promote and advance the program. In a similar vein, all parents/guardians enrolling children will be expected to sign a liability release form.

### **Parents Presence at Camp.**

If you would like to observe your child you are welcome to do so and we will have places available for you to sit and observe. However, it is important that you not be a distraction to your child. If you are observing the camp and notice that your child wants to watch *you* and is not able to follow the instructions they are being given we ask that you leave the premises or find an obscure place from which to observe to allow your child to concentrate on the task at hand. In certain circumstances, we find it helpful to bring parents onto the floor, such as to assist with behavior problems or other needs, but we will ask in those cases. Please ask if you have concerns, but please respect our need to work one-on-one with your child. Certain children do better if an aide accompanies the child, such as to assist with focus, behavior management, and other issues. If you feel that an aide's presence is important and available, please discuss this at the time of registration.

### **Being Touched.**

Bicycling involves a physical activity on moving equipment. It is inevitable that circumstances will arise when one or more of our staff or volunteers will physically touch, hold, or even grab your child. This often occurs as we place feet on pedals, or lift a chin to improve forward vision, or place a hand on the back to increase pedaling speed, or to catch a child who might be falling. These activities occur in a public setting and are for therapy purposes. If you object to your child being touched, you are advised to not enroll your child.

### **Snacks and Beverages.**

As a matter of expediency, the staff of the *Lose the Training Wheels Program* normally does not provide snacks or bottled beverages. A water fountain will be available. The parent may elect to send a snack, some fruit, and drink, such as in a backpack or tiny cooler. There is a snack bar area and all snacks must be eaten in this area. Snacks are not allowed in the gym area. Beverages should be restricted to water in a non-breakable screw lid plastic bottle. Please do not send soda and other sticky beverages as they are not allowed in the gym area. We find that many children enjoy taking a break periodically for a "drink" and some rest before resuming bicycling. The breaks are helpful and contribute to the therapy. We frequently use the break periods to socialize, compliment, and encourage the children.

### **Participation and "Getting Along."**

Our *Lose the Training Wheels Program* is predicated on creation of a social setting where we work with children in groups. There are many reasons why we have found this to be effective, as we can achieve better utilization of physical equipment, staff and volunteer assignments can be adjusted to meet on-going needs, kids enjoy peers once they become used to the social setting, and role models are present. In a group setting, other children will be engaged in similar bike related activities, and kids are more motivated to want to learn in a social setting. Should your child, or any child, become disruptive or otherwise refuse to participate, we will make a reasonable effort to work with the child to overcome any problems or fears, but if it is determined by our staff that the child's refusal or behavior is unproductive as well as possibly harmful to the progress of others, we will ask the child to discontinue participation in the program.

### **Celebration of Success.**

We will be hosting a small ceremony after each session on Friday, July 3<sup>rd</sup>. The ceremony is for our participants and their families, our volunteers and staff and our sponsors to celebrate the success of the participants. Additionally, we will have some items to present to your child on the last day to acknowledge their efforts.

**References.**

Each of our *Lose the Training Wheels Program* clinics utilize trained professional staff as well as volunteers from the community. We are just at the initial stages of refining and publishing our methods and clinical anecdotal results in professional as well as popular journals. One article appeared in the October 2002 issue of *Exceptional Parent Magazine*, pp. 64-66. Another article is presently under peer review by the journal, *Teaching Exceptional Children*. A dozen or more newspapers and media sources have featured our clinics and camps, as well as televised broadcasts in various cities. Richard Klein holds an earned doctorate from Purdue University (1969), and served as a faculty member in the Department of Mechanical and Industrial Engineering, University of Illinois at Urbana-Champaign (1968-1998). He has authored or co-authored approximately fifty professional publications and has formally presented before numerous learned societies. Dr. Klein's resume, list of publications, and professional references will be forwarded upon request; contact <r-klein@uiuc.edu>. Richard holds a United States Patent, as well as having been the recipient of numerous effective teaching awards while at the University of Illinois.

**Want more information?** There is a wealth of information about Lose the Training Wheels bike camps and bicycling science on the web at: <http://www.losethetrainingwheels.org>.

**Completed application forms should be received by May 1, 2009 or as soon as possible.  
Please mail or fax applications to your member organization as listed below:**

**Down Syndrome Association of Wisconsin**

9401 West Beloit Road, Suite 311  
Milwaukee, WI 53227

Phone: (414) 327-3729 or (866) 327-DSAW

Fax: 414-327-1329

Email: [info@dsaw.org](mailto:info@dsaw.org)

Please view our website at [www.dsaw.org](http://www.dsaw.org). Information on financial assistance through our Grant Program can be found under resources→ grant program.

**Autism Society of Southeastern Wisconsin**

9733 W. St. Martins Road  
Franklin, WI 53132

Phone: 414-427-9345

Fax: 888-280-1844

Email: [info@assew.org](mailto:info@assew.org)

Please view our website at [www.assew.org](http://www.assew.org)

**Lose the Training Wheels™ Program  
APPLICATION FORM**

Participant's first name \_\_\_\_\_ Participants last name \_\_\_\_\_  
Parent/Guardian first name \_\_\_\_\_ Parent/Guardian last name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_ Zip \_\_\_\_\_  
Phone contact(s) (Area) \_\_\_\_\_ (Number) \_\_\_\_\_  
Email address \_\_\_\_\_

Please add me to the DSAW and ASSEW list for information on future events. Circle: Yes No  
Participant Date of Birth (DOB) \_\_\_\_\_ Height (in inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_  
Persons authorized to pick child up (other than parent/guardian) \_\_\_\_\_

Participant T-Shirt Size: **Circle**

Child Size: Small	Adult Size: Small
Medium	Medium
Large	Large
	X-Large
	XX-Large

Additional shirts (\$10, please indicate size and qty) \_\_\_\_\_

Child's Head Circumference (needed for proper helmet size): \_\_\_\_\_ cm

Doctor and/or Medical Clinic and identifying clinic/patient number (Include a copy of doctor or therapist referral if applicable):

Indicate any preexisting conditions such as CP, autism, Down syndrome, visual disorder, hearing, orthopedic challenges, cognitive delay, low muscle tone, speech disorder, ADD, ADHD, need for therapist fluent in sign, etc.

Please indicate if your child has difficulty participating in activities in a facility that does not have air conditioning or outside if it is hot.

Is your child on any medications that we need to be aware of, or uses braces, hearing aids, splints, weighted vest, etc.?

Please describe your child's previous experiences with bicycling, or attempts to bike, e.g., training wheels, refusal to try, previous biking accidents or mishaps, riding as stoker on tandem, use of adapted special bikes (three and four wheelers, for example), and for what durations?

Siblings and age(s) and if siblings ride bikes?

Please indicate if your child has any conditions that might interfere with becoming a successful bike rider, or be cause for additional time or special therapy. Our purpose is not to be discriminatory, but rather as realistic as possible – such as in seeing that your child gets the most appropriate instruction. In our experience, we have found the following conditions to be factors that, at times, interfere with or slow success in bike riding. **As a general guideline, to be successful a child should have the ability to ride a tricycle or a bicycle with training wheels.** As applicable, please highlight, circle or underline, and make remarks below.

Low stamina

Heart problems; please list \_\_\_\_\_

Breathing problems; please list \_\_\_\_\_

**Conditions, cont...**

Obesity

Low muscle tone

Motor control issues (such as CP); difficulty in keeping feet on pedals

Problems with attention or focus (such as autistic tendencies, or ADD, ADHD)

Defiance disorder, oppositional behavior

Difficulty functioning in a social setting

Tactile defensiveness (unwilling to be touched, refusal to put on a helmet, resistance to coming into contact with a bike or its parts, like handlebars grips)

Visual impairment

Orthopedic challenges (artificial limbs, deformities of the hands or legs, movement or joint restrictions)

Low cognitive ability (e.g., inability to perform simple tasks like dressing, requiring toilet assistance, requiring handling food assistance)

Abnormal fears (especially of bikes, speed, images of crashing on a bike)

Obsessive reliance on a favorite toy, doll, book, or other security image

Obsessive reliance on an adult (e.g., insisting on being close to parent in times of fear or unusual situations)

Resistance to being with strangers

Fear of riding a bike

Poor walking balance

Difficulty with spatial perceptions, such as walking into walls or hesitancy to step across small changes in terrain (eg, threshold of a doorway)

Child is non-verbal and requires a therapist fluent in sign

Other:

## Fees

The fee for the camp is \$200. Each paid attendee will receive a camp T-shirt and bike helmet as part of the \$200 camp fee. T-shirts can be purchased for parents and/or siblings for \$10 each. Be sure to indicate the number of shirts and sizes in the appropriate section near the top of this application.

\*\*\*Fees are payable upon notification that application has been accepted.

The camp fee is refundable if we are notified of your cancellation at least 14 days prior to the start of camp. Sometimes participants learn to ride in less than the 5 days camp is in session and do not need to attend all 5 days. No refunds (either full or partial) will be given in this circumstance.

Please feel free to add any additional information, comments or ask any questions. Use additional sheets if necessary.

## Waiver and Release of Liability

I, the undersigned participant, understand that during my participation in the Lose the Training Wheels Program (the "Program") operated by the Autism Society of Southeastern Wisconsin, Down Syndrome Association of Wisconsin, Inc., Nicolet High School, Lose the Training Wheels, Inc., Rainbow Trainers, Inc, and Richard E. Klein and Marjorie M. Klein, both as individuals and as employees of Rainbow Trainers, Inc. (collectively the "Operators"), I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in bicycling, bicycle training and related activities and cannot be eliminated without destroying the unique character of the Program. These inherent risks include, but are not limited to, the dangers of serious personal injury, death and property damage ("Injuries and Damages") resulting from physical contact with others, equipment and facilities. I fully understand that the Operators have not tried to contradict or minimize my understanding of these risks. I know that Injuries and Damages can occur by natural causes or activities of other persons, other participants or volunteers or third parties, either as a result of negligence or because of other reasons. I understand the risks of such Injuries and Damages involved in the Program and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that there may not be medical personnel or medical facilities or expertise necessary to deal with the Injuries and Damages to which I may be exposed.

In consideration for my acceptance as a participant in the Program, and the services and amenities provided by the Operators in connection with the Program, **I CONFIRM MY UNDERSTANDING OF THE FOLLOWING:**

**RELEASE OF LIABILITY.** To the fullest extent allowed by law, I agree to **WAIVE AND DISCHARGE CLAIMS AGAINST, RELEASE FROM LIABILITY, INDEMNIFY AND HOLD HARMLESS** the Operators and their officers, Board members, directors, employees, volunteers and agents (collectively, "Released Parties") from and against **ANY AND ALL LIABILITY** on account of, or in any way resulting from, my death or personal injury relating to my participation in the Program, even if caused by **NEGLIGENCE** of the Released Parties. Such negligence could involve (a) negligent operation and supervision of the Program, (b) negligent maintenance or operation of the site or facilities in which the Program is conducted, (c) negligent manufacture of or use of equipment to be used in the Program, and (d) the negligent provision of emergency response services. I understand and intend that the assumption of risk and release is binding upon my heirs, executors, administrators and assigns.

This Waiver and Release is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Waiver and Release is held to be invalid or legally unenforceable for any reason, the remainder of this Waiver and Release shall not be affected thereby and shall remain valid and fully enforceable.

I have read this Waiver and Release of Liability in its entirety and I freely and voluntarily choose to participate and assume all risks of Injuries and Damages. I agree to obey any rules and regulations that may relate to the Program. I acknowledge my waiver of any right I may have to bargain for different terms of this waiver and recognize that a narrower waiver would increase the costs associated with the Program and/or limit or preclude my participation in the Program.

Name: \_\_\_\_\_  
(Participant's Name) (Participant's Signature, if not a minor)

Address: \_\_\_\_\_  
(Street Name and No.) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Participant's Age: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned certifies that he or she is the parent or legal guardian of the above named minor who is participating in the Program, consents to his or her participation in the Program and executes this Waiver and Release of Liability on behalf of such minor.

Name: \_\_\_\_\_  
(Parent / Legal Guardian's Name) (Parent/Legal Guardian's Signature)

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

**Lose the Training Wheels  
Emergency Information**

**Participant's full name:** \_\_\_\_\_

**Parent(s)' full name(s):** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Insurance Policy #:** \_\_\_\_\_

**Full Name of insured:** \_\_\_\_\_

**In case of emergency, whom should we notify if you are not here?**

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Please list medications, health cautions, and any special instructions:**

## **Lose the Training Wheels Medical Release Form**

In the unlikely event that \_\_\_\_\_ (participant) requires medical assistance during his/her participation in the Lose the Training Wheels Camp, I give my permission to provide the participant proper care. In case our personal physician cannot be reached, you may take the participant to the following hospital (please indicate "any" or state your preference) \_\_\_\_\_. I have read the program description and acknowledge that all of my questions regarding the program have been satisfactorily answered. I understand the nature of the program, including both the risks and benefits. I also understand that the participant may be withdrawn from the program at any time.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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**Consent to Photograph**

The undersigned hereby authorizes the Autism Society of Southeastern Wisconsin, Down Syndrome Association of Wisconsin, Nicolet High School, Lose the Training Wheels, Inc., Rainbow Trainers, Inc, and Richard E. Klein and Marjorie M. Klein, both as individuals and as employees of Rainbow Trainers, Inc., and their officers, Board members, directors, employees, volunteers and agents (collectively, the "Operators") to photograph, film, or videotape

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(Participant's Full Name – Please Print)

I hereby agree the Operators, collectively or individually, may use such photographs, films or videotapes, with or without prior notice, in general public relations, communications or for commercial purposes. I understand this Consent to Photograph is a valid written consent for purposes of Wis. Stat. § 995.50 and any other similar local, state or federal law regarding a right to privacy.

I the undersigned release the Operators from any liability involved with this Consent to Photograph.

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(Signature of Participant [over age 18] or Legal Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

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(Please print name of Legal Guardian)



**Consent for Release of Name**

The undersigned hereby authorizes the Operators to use in writing or otherwise the name or identity of the above participant.

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(Signature of Client [over age 18] or Legal Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

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