



TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-24451
Telephone (508) 398-2231, ext. 1271, Fax (508) 398-2365

RECREATION
DIVISION

Town of Yarmouth Mobi-Chair Rental

The Town of Yarmouth has handicap accessible floating beach chairs available to be signed out the following beaches:

Smugglers Beach and Seagull Beach.

These chairs, with their oversized tires, allow guests to travel over the sand, and go directly into the water.

If you would like to reserve a chair, please let the gate attendant know when you arrive at the above mentioned beaches. If you would like to use a chair at another town beach, you can stop in at our office 424 MA-28 Yarmouth, MA Monday-Friday between 8:00am-4:00pm to sign one out. Please call 508-398-2231 x1520 for more information

There is no fee to rent a Beach Mobi Chair. Credit card information is required in case of damage to the chair.



Mobi Chair



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RECREATION
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CONSENT AND RELEASE FORM FOR ADULTS

I, the undersigned _____

do hereby consent to my participation in voluntary athletic or recreation programs of the Town of Yarmouth. I also agree to forever release the Town of Yarmouth, Board of Selectmen, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town (“the Releasee”) from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to me or property damage resulting from my participation in the Town voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releasee against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to me or property damage resulting from my participation in the Town of Yarmouth voluntary athletic or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation in these programs is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town recreation programs with full knowledge that the Releasee will not be liable to anyone for personal injuries and property damage I may suffer in voluntary participation in Town recreation programs.

Refund Policy:

1. **No refund for removal from a program due to disciplinary problems.**
2. **Full refunds will be given for medical reasons with a Dr’s note submitted.**
3. **Refund requests for any other reason will be reviewed and may have a cancellation fee of up to 50% applied. Non-medical requests, if granted, will result in a credit applied to your account for future use.**

Participant Signature

Date



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RECREATION
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I, _____ parent/grandparent of: **(list all children in programs)**

_____ hereby consent to my child's participation in voluntary athletic or recreation programs of the Town of Yarmouth. I also agree to forever release the Town of Yarmouth, Board of Selectmen, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Yarmouth voluntary athletic or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town recreation programs with full knowledge that the Releasee will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town recreation programs.

Refund Policy:

- 1. No refund for removal from a program due to disciplinary problems.**
- 2. Full refunds will be given for medical reasons with a Dr's note submitted.**
- 3. Refund requests for any other reason will be reviewed and may have a cancellation fee of up to 50% applied. Non-medical requests, if granted, will result in a credit applied to your account for future use.**

Parent Grandparent or Guardian's Signature

Date

Phone where I can be reached



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RECREATION
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MOBI-CHAIR OPERATING INFORMATION

Operating the wheelchair.

- The wheelchair is well suited to normal weather conditions and firm surfaces. For safety purposes, please avoid using the wheelchair in adverse weather and other poor conditions.

User Indications

- Operating the wheelchair may injure the user or damage the wheelchair if the user is unable to have full control. If the user is not mentally or physically able to always keep full control of the wheelchair, an assisting individual must be present when necessary. Safety and Operating Information Stability
- This wheelchair has been designed to provide the stability needed during normal daily activities. Therefore, proper operation of the wheelchair will always maintain balance. The impact on the center of gravity is under any wheelchair movement. A change in the center of gravity may lead to the wheelchair tipping over and a fall. When you transfer your weight from one place to another, we recommend using seat belts to improve your safety.

Weight Limit

- The maximum limit weight of the user is 330 lbs. / 150 kg.

Caution

- Do not use parts that can be detached, such as armrests, for support or any other reasons other than the intended purposes. Do not use them as a means for lifting the product, as they may inadvertently release. This may result in injury to the user and/or the assisting individual.
- Avoid turning the chair suddenly and never try to climb or descend a ramp diagonally.
- Although the Mobi-Chair can float on water, you cannot use or treat it as a boat. In normal conditions of use, the Mobi-Chair will not turn over if the user sits sturdily. For safety and requirement by state law, a life jacket is to be worn by the user. The Mobi-Chair is not intended for areas with strong currents and waves.
- Please be sure to use Mobi-Chair in a range in which the lifeguard/staff can reach timely.
- Be careful and have fun!



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LIFEGUARD INSTRUCTION FOR MOBI CHAIR

1. Check-Out Procedure:

- a. Be sure Mobi Chair is signed out by an adult.
- b. The adult must leave a license or ID for collateral.
- c. Place the ID in the binder front pocket.
- d. Ensure individual signs Waiver of Liability.
- e. Provide the individual with a Mobi-Chair Operating Information sheet.
- f. Record name, date, and beach in the check-out chart in the front of the binder.

2. Be sure adult accepting responsibility for the Mobi Chair signs the “Waiver of Liability” and understands the following:

- a. They should not undertake tasks beyond his/her physical ability (ramp, deep sand).
- b. They should not take Mobi-chairs in water over 6” in depth. The chair will become positively buoyant and tipsy. The Mobi chairs may be taken into the water.
- c. Never leave a chair unattended when occupied, especially in or around the water because of tidal, surf or weather changes. Failure to have an attendant present while chair is in the water could result in serious injury or death by drowning.

3. Be sure to review the location of lifeguard stations for that day.

4. Remind users of beach hours. Have the chair back to the beach office 30 minutes before close of beach so it may be washed down and put away.

5. The safety of the person in the chair is dependent on the ability of the assisting individual.

6.. Please notify the assisting individual and/or user it is their responsibility to supply the user with a personal flotation device (life jacket) as stated in Massachusetts state laws and regulations.

7. Return Procedure:

- a. Return the license or ID to the individual.
- b. Record on the check-out chart that the chair has been returned.
- c. The chair needs to be sprayed with a disinfectant and left out to air dry. Record on the check- out chart that the chair has been cleaned.