

Please initial where needed, indicating the items below were explained to you and are understood by you.

RIDER INITIALS

1. Watched the Safety Video and was provided a copy of the Getting Started Manual or the opportunity to review it.
2. Wear a helmet



These items were provided to me.

Operation of the Segway PT

3. Adjust the handlebar height
4. Power on the Segway PT and power off
5. Change from Standby Mode to Balance Mode, and back to Standby Mode, read the Balance Indicator Lights
6. Ensure the Segway PT is in Balance Mode, and Battery charge is adequate
7. Slowly and smoothly step on the Segway PT
8. Step down from the Segway PT without moving the machine and while keeping the platform level
9. Move forward, backward, remain stationary
10. Turn in place
11. Execute a controlled stop
12. Execute smooth, controlled, leaning turns around cones
13. Always leave a gap between the body and the handlebar
14. No taking of photographs from the platform of the Segway PT
15. Use Riderless Balance Mode to navigate up and down stairs or over curbs



These items were explained to me and I understand how to perform each operational skill.

Safety Features

16. Understand how to enable and disable Beginner Setting
17. Recognize the Speed Limiter and respond by slowing down
18. Recognize the Stick Shake Warning and respond by slowing down or stopping and stepping off
19. Recognize the Safety Shutdown and respond by stepping off safely within 10 seconds and stay off
20. Understand how the Segway PT behaves while a rider is on and off the Platform while in Balance Mode. Never let go of the machine while it is in Balance Mode
21. Anticipate and avoid slips, trips and tips
22. Keep both hands and feet on the Segway PT
23. Riders must not be under the influence of alcohol or drugs or suffer any impairment to balance



I understand the safety features.

I recognize that this Product Orientation is an introduction to the features and functions of the Segway PT. I acknowledge that expertise is developed through my independent and continued practice on the Segway PT. I acknowledge that I need to become proficient using the Beginner Setting before disabling the Beginner Setting, or riding the Segway PT outside of my controlled, familiar practice environment.

Rider's Name _____ Rider's Signature _____ Date _____

Rider's Address _____

E-mail _____ E-mail is optional. By providing your e-mail you're approving e-mail communications from Segway.

Trainer's Name _____ Serial # _____