

AQHA Equestrians with Disabilities Competition Special Adaptive Equipment Form

Please Note:

Per Rule 478 (b) (7) in the 2003 AQHA Official Handbook of Rules and Regulations, the use of special adaptive equipment is permissible for competitor and American Quarter Horse where appropriate. Participation in these approved events requires a rider's card from the North American Riding for the Handicapped Association (NARHA), and/or this special adaptive equipment form. This form must be completed, signed by a NARHA certified instructor, certified Special Olympic coach or certified therapeutic riding instructor, indicating the adaptive equipment is required for the participant and returned to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition.

Name _____ AQHA ID _____

Address _____ City _____

State/Province/Country _____ Zip/Postal Code _____

Day Telephone () _____ E-mail _____

Acceptable Adaptive Equipment

From the list below, please check the special adaptive equipment used by the competitor. Other equipment will be considered up request (please list in space provided).

- | | |
|--|--|
| <input type="checkbox"/> audio communication | <input type="checkbox"/> rein handle tethers |
| <input type="checkbox"/> bareback pads | <input type="checkbox"/> rubber bands |
| <input type="checkbox"/> boot adaptations | <input type="checkbox"/> saddle blocks wedges cushions |
| <input type="checkbox"/> dowel reins | <input type="checkbox"/> safety stirrups |
| <input type="checkbox"/> hand holds (flexible and/or rigid) | <input type="checkbox"/> seat savers |
| <input type="checkbox"/> helmets | <input type="checkbox"/> surcingles |
| <input type="checkbox"/> laces to tie stirrups or leathers to girth or cinch | <input type="checkbox"/> whips (one or two) |
| <input type="checkbox"/> ladder reins | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> loop reins | (subject to AQHA approval) |
| <input type="checkbox"/> rein handles | |

Instructor Statement

In accordance with AQHA Rule 478 (b) (3), this applicant will be using the above designated equipment while competing in AQHA Equestrians with Disabilities competitions.

Name _____ Date _____

Signature _____ Certification Number _____

Type of certified instructor, check one

- North American Riding for the Handicapped Association (NARHA) certified instructor
 Certified Special Olympic coach Certified therapeutic riding instructor

Please note: AQHA does not assume responsibility for safety of participants. In the case of adult participants, each participant assumes all respective officers, directors, representatives and employees, from any liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these events, except for the negligent act or omission if any, said indemnities. If the participant is a minor, the parent or guardian, by allowing participation assumes all risk of personal injury or property damage occurring as a result of the participation and does hereby release and discharge AQHA and Show Management, their respective officers, directors, representatives, and employees from any and all liability, whenever or however arising, from such participation, except for the negligent act or omission if any, of a indemnitee. Further, as parent or legal guardian, they agree to indemnify and hold harmless AQHA and Show Management from such liability to the minor.

Signature of participant or parent/guardian (if under 18) _____ Date _____

Please return completed form to: American Quarter Horse Association
Show Department/Equestrians with Disabilities
P.O. Box 200 • Amarillo, Texas 79168