

# AQHA Equestrians with Disabilities Competition Special Diagnosis Form

## Please Note:

Per Rule 478 (a) (8) in the 2003 AQHA Official Handbook of Rules and Regulations, each participant in the equestrians with disabilities competition must be at least 12 years of age and over with a diagnosed mental or physical condition attested to by a licensed medical physician. This form must be completed, signed by a licensed medical doctor 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 \_\_\_\_\_

## Eligible Conditions

From the list below, please initial each condition which applies to the applicant. Other conditions will be considered upon request (please list in space provided).

- |  |  |
|--|--|
| <input type="checkbox"/> amputation                        | <input type="checkbox"/> Hunter's syndrome             |
| <input type="checkbox"/> anthrogyrosis                     | <input type="checkbox"/> juvenile rheumatoid arthritis |
| <input type="checkbox"/> Asperger's syndrome               | <input type="checkbox"/> mental retardation            |
| <input type="checkbox"/> autism                            | <input type="checkbox"/> microcephaly                  |
| <input type="checkbox"/> Batten's disease                  | <input type="checkbox"/> multiple sclerosis            |
| <input type="checkbox"/> cerebrovascular accident (stroke) | <input type="checkbox"/> muscular dystrophy            |
| <input type="checkbox"/> cerebella ataxia                  | <input type="checkbox"/> post polio syndrome           |
| <input type="checkbox"/> cerebral palsy                    | <input type="checkbox"/> Prader Willie syndrome        |
| <input type="checkbox"/> Coffin Lowry syndrome             | <input type="checkbox"/> Rhett syndrome                |
| <input type="checkbox"/> cystic fibrosis                   | <input type="checkbox"/> spina bifida                  |
| <input type="checkbox"/> Down syndrome                     | <input type="checkbox"/> spinal cord injury            |
| <input type="checkbox"/> dwarfism                          | <input type="checkbox"/> Touretts syndrome             |
| <input type="checkbox"/> fragile X syndrome                | <input type="checkbox"/> traumatic brain injury        |
| <input type="checkbox"/> Freidrick's ataxia                | <input type="checkbox"/> trisomy abnormalities         |
| <input type="checkbox"/> Guillan Barre syndrome            | <input type="checkbox"/> visual impairments            |
| <input type="checkbox"/> hearing impairment                | <input type="checkbox"/> Other _____                   |

(subject to AQHA approval)

## Medical Statement

In accordance with AQHA Rule 478 (a) (8), this applicant has been diagnosed with the above designated condition(s).

Name of Physician \_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician \_\_\_\_\_ License \_\_\_\_\_

**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