Membership Application for Equestrians with Disabilities

Please be sure that all fields are completed with the appropriate information. Missing information will delay the processing of your application.

Please mail the completed form to: AQHA Membership
PO Box 36300
Amarillo, TX 79120-6300

Don’t forget to include a check payable to AQHA or supply your credit card information.

Membership: Individual

PLEASE NOTE: Per Rule SHW765.1 in the AQHA Official Handbook of Rules and Regulations, each participant in the equestrians with disabilities competition must be 8 years of age and over with a diagnosed mental or physical condition attested to by a licensed medical physician. The Special Diagnosis 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.

A MEMBERSHIP APPLICATION FOR EQUESTRIANS WITH DISABILITIES MUST BE ACCOMPANIED BY A DIAGNOSIS FORM.

INCLUDE AN ADAPTIVE EQUIPMENT FORM WHEN NECESSARY.

MEMBERSHIP TYPE AND DURATION

Please select one.

GENERAL
- 12-month Membership – $55 USD
- 36-month Membership – $140 USD
- Life Membership – $1,250 USD
- Show Management Fee – $5 USD

YOUTH
- 12-month Membership – $20 USD
- 36-month Membership – $50 USD
- Life Membership (through age 18) – $100 USD

Fees subject to change

If you are interested in an amateur membership, please contact AQHA at 806-376-4811.

First Name: ____________________________ Last Name: ____________________________

Middle Name/Initial: ____________________________

Address: __________________________________

City: ____________________________ State/Province: ____________________________

Country: ____________________________ Zip/Postal Code: ____________________________

E-mail Address: ____________________________

E-MAIL OPTIONS

From time to time, AQHA sends e-mail important to our members about events and other promotional news.

Please indicate whether or not you would like to receive these e-mail messages from AQHA.

- YES, I would like all information AQHA sends via e-mail in the future.
- YES, I would like information about my membership and AQHA business, but no promotional information.

Phone: ____________________________ Work Phone: ____________________________ Date of Birth (MM/DD/YYYY):

BARCODE "MEMapp-0118" FORMS-7000-17-915 EWD MEMBERSHIP APPLICATION 11-8-17
AREAS OF INTEREST
Please select your areas of interest.

☐ Breeding – Ranch Work
☐ Breeding – Racing
☐ Breeding – Showing
☐ Breeding – Recreational Riding
☐ Recreational Riding
☐ Racing Competition
☐ Ranch Use
☐ Compete in AQHA Horse Shows
☐ Compete in Open and Local Shows

☐ Rodeo Competition
☐ Compete in Youth Events, such as 4-H, FFA, NHSRA, Other Rodeo Organizations, Judging Contest, Pony Clubs, Playdays; Gymkhanas
☐ Compete in AQHA Youth Shows
☐ Professional Trainer/Exhibitor
☐ Racing Fan
☐ Compete in NCHA Events

☐ Compete in NRHA Events
☐ Compete in NSBA Events
☐ Compete in NRCHA Events
☐ Compete in PHBA Events
☐ Riding Instructor
☐ Political Action
☐ Mounted Shooting
☐ Compete in Dressage

AUTO-RENEWAL OPTIONS
You can now have your membership automatically renewed on the credit card you’ve provided. Nothing will lapse if you elect auto-renew.
You can cancel at any time by calling AQHA Customer Service at 806-376-4811.

Would you like to automatically renew your membership when it expires?  ☐ Yes  ☐ No

MEMBERSHIP AGREEMENT
Dues payments MAY BE deductible by members as an ordinary and necessary business expense; however, donations or gifts to the American Quarter Horse Association are not deductible as charitable donations for federal income tax purposes. Donations to the American Quarter Horse Foundation ARE tax deductible to the extent allowed by law. One dollar of your annual membership dues is designated as a subscription to America’s Horse, AQHA’s official member publication. Through payment of membership dues you acknowledge that membership in AQHA is voluntary, and that you agree to be bound by the terms and conditions of AQHA’s Official Handbook of Rules and Regulations.
Equestrians with Disabilities Competition
Special Diagnosis Form

PLEASE NOTE:

Per Rule SHW762.10 in the AQHA Official Handbook of Rules and Regulations, each participant in the equestrians with disabilities competition must be 8 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 ____________________________________________
Address __________________________________________________________________________________________________________
City ______________________________________________________________________________________________________________
State/Province/Country ______________________________ Zip/Postal Code ________________________________________________
Day Telephone ( ______ ) ______________________ E-mail _______________________________________________________________

ELIGIBLE CONDITIONS

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

- amputation (partial to full joint)
- ankylosis
- arthrogryposis
- Asperger syndrome
- autism spectrum disorder
- Batten disease
- cerebrovascular accident (stroke)
- cerebellar ataxia
- cerebral palsy
- Coffin-Lowry syndrome
- cystic fibrosis
- Down syndrome
- dwarfism
- fragile X syndrome
- Friedreich’s ataxia
- Guillain-Barre syndrome
- hearing impairment
- Hunter syndrome
- intellectual disability
- juvenile rheumatoid arthritis
- mental retardation microcephaly
- multiple sclerosis
- muscular dystrophy
- paralytic (paralysis)
- post-polio syndrome
- Prader-Willi syndrome
- Rett syndrome
- spina bifida
- spinal cord injury
- Tourette syndrome
- traumatic brain injury
- trisomy disorders
- visual impairment
- upper motor neuron lesions
- vision impairment

MEDICAL STATEMENT

In accordance with AQHA Rule SHW765, this applicant has been diagnosed with the above designated condition(s).

Name of Physician ____________________________________________ Date __________________________
Signature of Physician ________________________________________ License _______________________
City and State/Province/County of Practice _______________________________________________________

PLEASE NOTE: AQHA does not assume responsibility for safety of participants. In the case of adult participants, each participant assumes all risks of personal injury or property damage, and releases and discharges American Quarter Horse Association and Show Management, their 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 of 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 an 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
COMPETITION DEPARTMENT/ EQUESTRIANS WITH DISABILITIES
P.O. BOX 200
AMARILLO, TEXAS 79168
806-376-4811 or Fax 806-349-6412
Equestrians with Disabilities Competition
Special Adaptive Equipment and Independent Riding Ability Form

PLEASE NOTE: Per Rule SHW765.1 in the 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 this special adaptive equipment form. This form must be completed, signed by a Professional Association of Therapeutic Horsemanship (PATH) International certified instructor, certified Special Olympic coach or certified therapeutic riding instructor, indicating the adaptive equipment is required for the participant and return to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition.

Name
Address
City
State/Province/Country
Zip/Postal Code
Day Telephone (_____)___________________________________ E-mail ______________________

ACCEPTABLE ADAPTIVE EQUIPMENT
From the list below (SHW765.1), please indicate the special adaptive equipment used by the competitor. Other equipment will be considered.

SADDLE
☐ Raised pommel
☐ Raised cantle
☐ Hard hand holds
☐ Soft hand holds
☐ Seat saver
☐ Knee rolls/blocks
☐ Thigh rolls/blocks
☐ Padded saddle flaps

BRIDLE/REINS
☐ Looped rein/s
☐ Connecting bar reins
☐ Bridging rein
☐ Ladder reins
☐ Rein guides (rein through ring on saddle)
☐ Elastic insert in reins
☐ Side pulls

RIDING ATTIRE
☐ No boots if using safety stirrups (Peacock, S-shaped irons or Devonshire stirrups)
☐ Modified riding boots
☐ Gaiters
☐ Half chaps
☐ Off set spurs
☐ Safety vest

POSTURE, POSTURAL SUPPORTS & ORTHOSES
☐ L or R Arm sling
☐ Neck collar
☐ Off set spurs
☐ Ankle foot orthoses
☐ Prosthesis

INSTRUCTOR OR COACH STATEMENT
In accordance with AQHA rule SHW765.1, this applicant will be using the above designated equipment while competing in AQHA Equestrians with Disabilities competitions and has the ability to ride these special classes.

Name
Signature
Date

Type of certified instructor, check one:
☐ Professional Association of Therapeutic Horsemanship International (PATH) certified instructor
☐ Certified Special Olympic coach
☐ Certified therapeutic riding instructor

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

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