

Equestrians with Disabilities Competition Special Diagnosis Form

PLEASE NOTE:

Per **Rule SHW765** in the AQHA Official Handbook of Rules and Regulations, each participant in the equestrians with disabilities competition must have a medically diagnosed 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 _____

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AQHA ID # (if known)

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*).

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| <input type="radio"/> amputation
(partial to full joint) | <input type="radio"/> Coffin-Lowry syndrome | <input type="radio"/> juvenile rheumatoid arthritis | <input type="radio"/> spinal cord injury |
| <input type="radio"/> ankylosis | <input type="radio"/> cystic fibrosis | <input type="radio"/> mental retardation | <input type="radio"/> Tourette syndrome |
| <input type="radio"/> arthrogyposis | <input type="radio"/> Down syndrome | <input type="radio"/> microcephaly | <input type="radio"/> traumatic brain injury |
| <input type="radio"/> Asperger syndrome | <input type="radio"/> dwarfism | <input type="radio"/> multiple sclerosis | <input type="radio"/> trisomy disorders |
| <input type="radio"/> autism spectrum disorder | <input type="radio"/> fragile X syndrome | <input type="radio"/> muscular dystrophy | <input type="radio"/> visual impairment |
| <input type="radio"/> Batten disease | <input type="radio"/> Friedreich's ataxia | <input type="radio"/> paresis | <input type="radio"/> upper motor
neuron lesions |
| <input type="radio"/> cerebrovascular accident (stroke) | <input type="radio"/> Guillain-Barre syndrome | <input type="radio"/> post-polio syndrome | <input type="radio"/> vision impairment |
| <input type="radio"/> cerebellar ataxia | <input type="radio"/> hearing impairment | <input type="radio"/> Prader-Willi syndrome | <input type="radio"/> other _____ |
| <input type="radio"/> cerebral palsy | <input type="radio"/> Hunter syndrome | <input type="radio"/> Rett syndrome | |
| | <input type="radio"/> intellectual disability | <input type="radio"/> spina bifida | |

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
806-378-5083 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 and riding ability form. This form must be completed, signed by a certified instructor or coach of Professional Association of Therapeutic Horsemanship (PATH) International (PATH Intl.), certified Special Olympics, coach US Para-Equestrian, Certified Horsemanship Association or IRD or a certified therapeutic riding instructor who is also a member in good standing of AQHA, indicating the riding ability and adaptive equipment required for the participant, and returned to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition.

Name _____

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AQHA ID # (if known)

Address _____ City _____

State/Province/Country _____ Zip/Postal Code _____

Day Telephone (_____) _____ E-mail _____

ACCEPTABLE ADAPTIVE EQUIPMENT

From the list below (**SHW768.6**), 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

- No stirrups
- One stirrup

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

WHIPS

- One or two whips
- Strap attaching whip to hand

STIRRUPS

- Rubber bands around foot and stirrup
- Enclosed stirrups
- Strap from stirrup leather to girth/cinch
- Strap from stirrup to girth/cinch

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
- Ankle foot orthoses
- Prosthesis

- Wrist brace
- Back support
- Trunk support
- Gait belt

OTHER AIDS

- Commander using sign language
- Enlarged arena letters
- Audio Communications (for hearing impaired)
- Voice
- Bareback Pads
- Surcingles
- Other _____

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 _____ Date _____

Signature _____ Certification Number _____

Type of certified instructor, check one: _____ AQHA Member Number _____

- Professional Association of Therapeutic Horsemanship International (PATH Intl.) certified instructor
- Certified Special Olympic coach US Para-Equestrian Coach
- Certified therapeutic riding instructor Certified Horsemanship Association Instructor

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 _____

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