



EQUESTRIANS WITH DISABILITIES COMPETITION
SPECIAL DIAGNOSIS FORM

PLEASE NOTE: Per Rule SHW762.10 in the AQHA Official Handbook of Rules & Regulations and (modified) by AAYHS, each participant in the EWD 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 submitted with your entries.

Name: _____ D.O.B: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

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).

- | | | |
|---|---|--|
| <input type="checkbox"/> amputation (partial to full joint) | <input type="checkbox"/> Coffin-Lowry Syndrome | <input type="checkbox"/> Juvenile Rheumatoid Arthritis |
| <input type="checkbox"/> ankylosis | <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Arthrogyriposis | <input type="checkbox"/> Tourette Syndrome | <input type="checkbox"/> Mental Retardation microcephaly |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Trisomy Disorders |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Friedreich's Ataxia | <input type="checkbox"/> Paresis |
| <input type="checkbox"/> Batten Disease | <input type="checkbox"/> Guillain-Barre Syndrome | <input type="checkbox"/> Post-Polio Syndrome |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Cerebrovascular Accident | <input type="checkbox"/> Upper motor neuron lesions |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Prader-Willi Syndrome | <input type="checkbox"/> Cerebellar Ataxia |
| <input type="checkbox"/> Hunter Syndrome | <input type="checkbox"/> Rett Syndrome | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Other: _____ |

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 & State: _____ County: _____

(over)

PLEASE NOTE: AAYHS does not assume responsibility for safety of participants. The parent or guardian of ALL minor participants, by allowing participation assumes all risk or personal injury or property damage occurring as a result of the participation and does hereby release and discharge AAYHS, 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 AAYHS from such liability to the minor.

Signature of parent/guardian: _____ Date: _____

ACCEPTABLE ADAPTIVE EQUIPMENT (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 reins
- Connecting bar reins
- Bridging Rein
- Ladder Reins
- Rein Guides
- Elastic insert in reins
- Side pulls

RIDING ATTIRE

- No boots, if using safety stirrups.
- Modified riding boots
- Gaiters
- Half Chaps
- Off set Spurs
- Safety vest

STIRRUPS

- Rubber Bands around foot & stirrup
- Enclosed Stirrups
- Strap from stirrup leather to girth/cinch

WHIPS

- one or two whips
- Strap attaching whip to hand

POSTURE, POSTURAL SUPPORTS & ORTHOSES

- L or R arm sling
- Neck Collar
- Ankle/foot orthoses
- Prosthesis

OTHER AIDS

- Commander using sign language
- Enlarged arena letters (exhibitor must provide)
- Audio Communications (for hearing impaired)
- Voice
- Bareback Pads
- Surcingle's
- Other: _____