

PHBA Challenged Horseman's Competition Special Diagnosis Form

PLEASE NOTE:

Per Rule 4950 (G) in the PHBA Official Handbook of Rules and Regulations, each participant in the Challenged Horseman's competition must be 5 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 PHBA prior to competing in any PHBA approved Challenged Horseman's class.

Name: _____

Address: _____

City/State/Zip: _____

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).

- | | | |
|--|---|--|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Anthrogyrosis | <input type="checkbox"/> Asperger's Syndrome |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Batten's disease | <input type="checkbox"/> Cerebrovascular (stroke) |
| <input type="checkbox"/> Cerebella Ataxis | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Coffin Lowry Syndrome |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Dwarfism |
| <input type="checkbox"/> Fragile X Syndrome | <input type="checkbox"/> Friedeich's Ataxia | <input type="checkbox"/> Gillian Barre Syndrome |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Hunter's Syndrome | <input type="checkbox"/> Juvenile Rheumatoid Arthritis |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> microcephaly | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Post Polio syndrome | <input type="checkbox"/> Prader Willie Syndrome |
| <input type="checkbox"/> Rhett Syndrome | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Tourette Syndrome | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Trisomy Abnormalities |
| <input type="checkbox"/> Visual Impairments | | |
| <input type="checkbox"/> Other (subject to CHP Foundation approval): _____ | | |

MEDICAL STATEMENT

In accordance with PHBA Rule 4950 (G), 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: PHBA 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 Palomino Horse Breeders of America 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, 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 PHBA 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 PHBA and Show Management from such liability to the minor.

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

PLEASE RETURN COMPLETED FROM TO:

Palomino Horse Breeders of America
Challenged Horseman
15253 East Skelly Drive
Tulsa, OK 74116

