



Dusty Boots Riding Club EWD Form

Equestrians With Disabilities – Special Diagnosis Form

Dusty Boots Riding Club and any N.E.O.H.A. sanctioned shows will follow rules SHW760 - SHW787.4 as outlined in the AQHA Official Handbook of Rules and Regulations (www.aqha.com/ewd), unless otherwise noted. All N.E.O.H.A. shows are held independently and may, as a result, be run differently in regards to EWD classes offered and the way they are run. 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 Dusty Boots PRIOR to competing in any EWD classes.** AQHA membership (with EWD designation) or AQHA Equestrians with Disabilities Diagnosis and AQHA Adaptive Equipment forms are also accepted (Dusty Boots will not mail your AQHA forms in or in any way sign you up for AQHA EWD designation, you are responsible for that, if you so choose). If you have an AQHA EWD designation membership card, you must still fill out the Adaptive Equipment form if necessary. No exceptions to having these forms completed and turned in will be accepted.

Name _____ AQHA ID (if known) _____

Address _____ City _____

State _____ Zip Code _____

Phone (____) _____ E-mail _____

ELIGIBLE CONDITIONS

Signature of the doctor is proof enough that one of the below conditions applies to you. There is no need to indicate which condition you may have.

- amputation (partial to full joint) • ankylosis • arthrogyposis • 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 • paresis • 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, State and County of Practice _____

PLEASE NOTE: Dusty Boots Riding Club, Inc., N.E.O.H.A. and any affiliates do 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 Dusty Boots Riding Club 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 DBRC 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 DBRC and Show Management from such liability to the minor.

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