

Appaloosa Horse Club

Challenged Horsemen and Appaloosa Competition for Independent & Supported Exhibitors (CHAPS)

SPECIAL DIAGNOSIS FORM

Per ApHC rules and in order to participate in the CHAPS program, each participant must be 8 years of age 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 ApHC prior to competing in any ApHC-approved CHAPS competition.

Name _____ Membership # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email Address _____ Exhibitor's Age _____

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"/> Angelman Syndrome | <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Post-Polio Syndrome |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> Prader-Willi Syndrome |
| <input type="checkbox"/> Arthrogryposis | <input type="checkbox"/> Fragile X Syndrome | <input type="checkbox"/> Rett Syndrome |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Friedreich's Ataxia | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Guillain-Barre Syndrome | <input type="checkbox"/> Sensory Motor Neuropathy |
| <input type="checkbox"/> Batten disease | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Spina bifida |
| <input type="checkbox"/> Cerebrovascular disease | <input type="checkbox"/> Hunter's Syndrome | <input type="checkbox"/> Spinal Cord injury |
| <input type="checkbox"/> Cerebella Ataxia | <input type="checkbox"/> Juvenile Rheumatoid arthritis | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Coffin-Lowry Syndrome | <input type="checkbox"/> Microcephaly | <input type="checkbox"/> Trisomy disorders |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Visual impairments |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Williams-Beuren Syndrome |

Other _____

Subject to ApHC approval

MEDICAL STATEMENT

This exhibitor has been diagnosed with above designated condition(s).

Name of Physician _____ Date _____

Signature of Physician _____ License _____

City and State/Province/County of Practice _____

PLEASE NOTE: Appaloosa Horse Club (ApHC) does not assume responsibility for safety of participants. Each participant or their 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 the ApHC 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 indemnities. Further, as parent or legal guardian, you agree to indemnify and hold harmless ApHC and show management from such liability to the minor.

Signature of Participant or Parent/Guardian: _____

Please return completed form to: Appaloosa Horse Club Performance Department
2720 W Pullman Road
Moscow, ID 83843
Fax: 208.882.8150