



# Challenged Horseman and American Paints Program (CHAMPS)

## SPECIAL DIAGNOSIS FORM

Please note: In accordance with CHAMPS rules, each participant in the CHAMPS competition must have a diagnosed mental or physical condition attested to by a licensed medical doctor and returned to APHA.

Exhibitor's Name: \_\_\_\_\_ APHA ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### ELIGIBLE CONDITIONS

From the list below, please circle each condition which applies to the exhibitor. Other conditions will be considered upon request (please list in space provided).

- |                       |                               |                         |                                   |
|-----------------------|-------------------------------|-------------------------|-----------------------------------|
| Angelman Syndrome     | Ankylosis                     | Amputation              | Arthrogyposis                     |
| Asperger's Syndrome   | Autism                        | Batten's Disease        | Cerebrovascular accident (stroke) |
| Cerebellar Ataxia     | Cerebral Palsy                | Cognitive Disabilities  | Coffin-Lowry Syndrome             |
| Cystic Fibrosis       | Down Syndrome                 | Dwarfism                | Fetal Alcohol Syndrome            |
| Fragile X Syndrome    | Friedreich's Ataxia           | Guillian-Barre Syndrome | Hearing Impairment                |
| Hunter's Syndrome     | Juvenile Rheumatoid Arthritis | Mental Retardation      | Microcephaly                      |
| Multiple Sclerosis    | Muscular Dystrophy            | Paresis                 | Post-Polio Syndrome               |
| Prader-Willi Syndrome | Rett Syndrome                 | Seizure Disorder        | Sensory Motor Neuropath           |
| Spina Bifida          | Spinal Cord Injury            | Tourette Syndrome       | Traumatic Brain Injury            |
| Trisomy Abnormalities | Upper Motor Neuron Lesions    | Visual Impairments      | Williams-Beuren Syndrome          |

Other (subject to APHA approval): \_\_\_\_\_

### MEDICAL STATEMENT

In accordance with APHA CHAMPS rules, this exhibitor 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:** APHA 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 APHA 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, they agree to indemnify and hold harmless APHA 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 Paint Horse Association  
Performance Department  
P.O. Box 961023  
Fort Worth, TX 76161  
Fax: 817-222-8489  
cjebavy@apha.com