



Challenged Horseman and American Paints Program (CHAMPS) SPECIAL ADAPTIVE EQUIPMENT AND RIDING ABILITY FORM

Please note: In accordance with CHAMPS rules, the use of special adaptive equipment is permissible for competitor and horse where appropriate. Participation in these approved events requires this special adaptive equipment and riding ability form. This form must be completed and signed by a certified instructor or coach of Professional Association of Therapeutic Horsemanship International (PATH Intl.), Special Olympics, US Para-Equestrian, Certified Horsemanship Association or IRD or a certified therapeutic riding instructor. The form must be submitted to APHA prior to show results being posted.

Exhibitor's Name: _____ APHA ID#: _____

Address: _____

City: _____ State/Province/Country: _____ Zip/Postal Code: _____

Telephone #: (____) _____ E-mail: _____

ACCEPTABLE ADAPTIVE EQUIPMENT

From the list below, please circle the special adaptive equipment used by the exhibitor. Other equipment will be considered upon request (please list in space provided).

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 rein/s Connecting bar reins Bridging rein Ladder reins Rein guides Elastic insert in reins Side pulls	Safety vest POSTURE, POSTURAL SUPPORTS & ORTHOSES Left or Right arm sling Neck collar Ankle foot orthoses Prosthesis Wrist brace Back support Trunk support Gait belt
STIRRUPS Rubber bands around foot and stirrup Enclosed stirrups Strap from stirrup leather to girth/cinch Strap from stirrup to girth/cinch No stirrups One stirrup	WHIPS One or two whips Strap attaching whip to hand	OTHER AIDS Commander using sign language Enlarged arena letters Audio communications (hearing impaired) Voice Bareback pads Surcingle

Other (subject to APHA approval): _____

INSTRUCTOR STATEMENT

In accordance with APHA CHAMPS rules, this exhibitor will be using the above designated equipment while competing in CHAMPS competitions and has the ability to ride these special classes.

Name of Instructor: _____ Date: _____

Signature of Instructor: _____ Certification #: _____

Type of certified instructor, check one:

Professional Association of Therapeutic
 Horsemanship International (PATH)
 Certified Special Olympic Coach

Certified US Para-Equestrian Coach
 Certified Horsemanship Association or IRD
 Certified Therapeutic Riding Instructor

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: 817-834-3152
 acormack@apha.com