



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 prior to show results being posted.

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 Physcian: _____ 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: 817-834-3152
acormack@apha.com