

LHSA

**Equestrians with Disabilities Competition
Special Diagnosis Form**

According to the Livingston Horse Show Association (LHSA) rulebook, each participant in the equestrian with disabilities competition must have a medically diagnosed condition attested to by a licensed medical physician. This form must be completed, signed by a licensed medical doctor, and returned to a LHSA board member prior to competing in any LHSA approved Equestrian with Disabilities competition.

Rider Information

Name _____ Age _____

Address _____

City _____ State _____ Zip code _____

Phone number _____

Medical Statement (to be filled out and signed by a licensed medical doctor)

This applicant has a disability and is medically healthy to participate in equine activities. According to the LHSA rulebook, special adaptable equipment is permitted. Will the applicant need special adaptable equipment? Yes or No

Name of Physician _____

Signature of Physician _____

Date _____

According to the LHSA rulebook, special adaptable equipment is permitted. Will the participant need special adaptable equipment? Yes or No

Important Note: LHSA does 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 LHSA, their board members, and volunteers, from any liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these events. 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 does hereby release and discharge LHSA, their board members, and volunteers, from any liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these events. Further, as parent or legal guardian, they agree to indemnify and hold harmless Livingston Horse Show Association from such liability to the minor.

Signature of Participant or Parent/legal guardian _____

Date _____