MIHA Equestrians With Disabilities (EWD)
Special Adaptive Equipment and Riding Ability Form

PLEASE NOTE: The Special Adaptive Equipment Form must be completed by a riding instructor. The completed form must be submitted to MIHA prior to competing in approved classes for Equestrians With
Disabilities.

MIHA District: ______________________
School: ____
City: ______________________________ Postal Code: __________________________
Rider Name: ____
Rider Address: ____
E-mail: ____
Telephone: ________________________________

Acceptable Adaptive Equipment From the list below, please indicate the special adaptive equipment used by the competitor. Other equipment will be considered upon request.

SADDLE
___Raised pommel
___Raised cantle
___Hard hand holds
___Soft hand holds Seat saver
___Knee rolls/blocks
___Thigh rolls/blocks
___Padded saddle flaps

STIRRUPS
___Rubber bands around foot and stirrups
___Enclosed stirrups
___Strap from stirrup leather to girth/cinch
___Strap from stirrup to girth/cinch
___No stirrups
___One Stirrup

RIDING ATTIRE
___No boots if using safety stirrups (Peacock, S-shaped irons or Devonshire stirrups)
___Modified riding boots
___Gaiters
___Half chaps
___Off-set spurs
___Safety vest

BRIDLE/REINS
___Looped Reins
___Connecting Bar Reins
___Bridging Reins
___Ladder Reins
___Rein Guides (rein through ring on saddle)
___Elastic insert in reins
___Side pulls

POSTURE, POSTURAL SUPPORTS & ORTHOSES

___L or R Arm sling
___Neck collar
___Ankle foot orthoses
___Prosthesis
___Wrist brace
___Back support
___Trunk support
___Gait belt
___Commander using sign language Enlarged arena letters Audio Communications (hearing impaired)
___Bareback Pads
___Surcingles
___Other

Riding Instructor: Instructor Statement; In accordance with MIHA Rules, this applicant will be using the above designated equipment while competing in MIHA Equestrians With Disabilities competitions and has the ability to ride in the designated classes.
Name: ____
Signature: ____
Date: ______________________________

PLEASE NOTE: Each participant or their parent/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 MIHA 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 indemnity. Further, as parent or legal guardian, they agree to indemnity and hold harmless MIHA and show management from such liability to the minor.
Signature of participant or parent/guardian (if under 18)

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Date: ______________________________

MIHA Equestrians With Disabilities (EWD) Special Diagnosis Form

PLEASE NOTE: According to official MIHA rules and regulations, participants in the equestrians with disabilities competition with a diagnosed mental or physical condition attest to by a licensed medical physician. This form must be completed, signed by a diagnosing medical professional and submitted to MIHA prior to competing in approved classes for Equestrians With Disabilities.

School: ____
Exhibitor Name: ____
Address:____
City/State:____
Postal Code:______________________
Telephone:____
E-mail:____

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). ***All statements are confidential***

□ Amputation □ Arthrogryposis □ Asperger's Syndrome □ Autism □ Batten's Disease
□ Cerebrovascular Accident (Stroke) □ Cerebella Ataxia □ Cerebral Palsy
□ Coffin Lowry Syndrome □ Cystic Fibrosis □ Down Syndrome □ Dwarfism
□ Fragile X Syndrome □ Friedreich's Ataxia □ Guillain Barre Syndrome
□ Hearing Impairment □ Hunter's Syndrome □ Juvenile Rheumatoid Arthritis
□ Microcephaly □ Multiple Sclerosis □ Muscular Dystrophy □ Post-Polio Syndrome
□ Prader Willie Syndrome □ Rhett Syndrome □ Spina Bifida □ Spinal Cord Injury
□ Tourette's Syndrome □ Traumatic Brain Injury □ Trisomy Abnormalities
□ Cognitive Disabilities: ________________
□ Visual Impairments: _____________________

Medical Statement in accordance with MIHA Rules, this applicant has been diagnosed with the above designated condition(s).
Name of Diagnosing Medical Professional: ____________________________________
Signature of Diagnosing Medical Professional: _________________________________
License City and State of Practice: _____________________________________
Date: ______________________________

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Signature of participant or parent/guardian (if under 18)

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Date: _____________________________________