# NSBA Equestrians With Disabilities
## Special Diagnosis Form

National Snaffle Bit Association
1391 St. Paul Ave
Gurnee, IL 60031
(847)623-6722
www.nsba.com

**PLEASE NOTE:** According to official NSBA 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 licensed medical doctor and submitted to NSBA prior to competing in approved classes for Equestrians With Disabilities.

Name _____ NSBA ID # _____

Address _____ City _____

State/Province/Country _____ Zip/Postal Code _____

Day 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).

| | | |
|---|---|---|
| □ 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 | □ Freidrick's Ataxia | □ Guillan Barre Syndrome |
| □ Hearing Impairment | □ Hunter's Syndrome | □ Juvenile Rheumatoid Arthritis |
| □ Cognitive Disabilities | □ Microcephaly | □ Multiple Sclerosis |
| □ Muscular Dystrophy | □ Post Polio Syndrome | □ Prader Willie Syndrome |
| □ Rhett Syndrome | □ Spina Bifida | □ Spinal Cord Injury |
| □ Tourettes Syndrome | □ Traumatic Brain Injury | □ Trisomy Abnormalities |
| □ Visual Impairments | _____ | |

### Medical Statement

In accordance with NSBA Rules, this applicant 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:** According to NSBA Rules and Regulations, 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 NSBA 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 indemnity and hold harmless NSBA and show management from such liability to the minor.

_____ _____

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