



**NSBA Equestrians With Disabilities  
Special Adaptive Equipment and  
Independent Riding Ability Form**

National Snaffle Bit Association  
1391 St. Paul Ave  
Gurnee, IL 60031  
(847)623-6722 Fax (847)625-7435  
www.nsba.com

**PLEASE NOTE:** The Special Adaptive Equipment Form must be completed by a certified instructor or coach of PATH, Int., Special Olympic, US Para- Equestrian, Certified Horsemanship Association or IRD or a certified therapeutic riding instructor who is also a member in good standing of NSBA, indicating the adaptive equipment required for each participant in an NSBA approved classes for Equestrians With Disabilities; Independent or Supported rider. The completed form must be 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 \_\_\_\_\_

**Acceptable Adaptive Equipment**

From the list below, please check the special adaptive equipment used by the competitor. Other equipment will be considered upon request (please list in space provided write on the back of this form).

- |  |  |
|--|--|
| <input type="checkbox"/> Audio Communication                                 | <input type="checkbox"/> Bareback Pads   |
| <input type="checkbox"/> Boot Adaptations                                    | <input type="checkbox"/> Dowel Reins     |
| <input type="checkbox"/> Hand Holds (flexible and/or rigid)                  | <input type="checkbox"/> Helmets         |
| <input type="checkbox"/> Laces to tie stirrups or leathers to girth or cinch | <input type="checkbox"/> Ladder Reins    |
| <input type="checkbox"/> Loop Reins  | <input type="checkbox"/> Rein Handles    |
| <input type="checkbox"/> Rein Handle Tethers                                 | <input type="checkbox"/> Rubber Bands    |
| <input type="checkbox"/> Saddle Blocks Wedges Cushions                       | <input type="checkbox"/> Safety Stirrups |
| <input type="checkbox"/> Seat Savers   | <input type="checkbox"/> Surcingles      |
| <input type="checkbox"/> Whips (one or two)                                  | <input type="checkbox"/> Other _____     |
- (subject to approval)

**Instructor Statement**

In accordance with NSBA Rules, this applicant will be using the above designated equipment while competing in NSBA Equestrians With Disabilities competitions and has the ability to ride in the designated classes

Type of certified instructor: check one

- PATH Certified Instructor     Certified Special Olympic Coach     Certified Therapeutic Riding Instructor

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Certification Number \_\_\_\_\_

**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 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 indemnify and hold harmless NSBA and show management from such liability to the minor.