UNITED
PROFESSIONAL
HORSEMEN'S ASSOCIATION, INC.

Name _____ UPHA Number_____

Address_____ City_____

State/Province/Country_____ Zip/Postal Code_____

Day Telephone _____ E-Mail_____

ELIGIBLE CONITIONS

From the list below, please initial each condition which applies to the applicant. Other conditions will be considered upon request (please list in space provided).

__amputation
__anthorogyposis
__Asperger's syndrome
__autism
__Batten's disease
__ cebvrovascular accident (stroke)
__cerebella ataxia
__cerebral palsy
__Coffin Lowery syndrome
__cystic fibrosis
__Down syndrome
__dwarfism
__fragile X syndrome
__Freidrick's ataxia
__Guillan Barre syndrome
__hearing impairment
__Hunter's syndrome
__juvenile rheumatoid arthritis
__mental retardation
__microcephaly
__multiple sclerosis
__ muscular dystrophy
__ post polio syndrome
__Prader Willie syndrome
__Rhett syndrome
__spina bifida
__spinal cord injury
__Touretts syndrome
__traumatic brain injury
__trisomy abnormalities
__visual impairments
__Other _____(subject to approval)

MEDICAL STATEMENT

In accordance with our rules this applicant has been diagnosed with the above designated condition(s).

Name of Physician_____Date_____

Signature of Physician _____License_____

Please Note: UPHA does not assume responsibility for safety of participants. In the case of adult participants, each participant assumes all respective officers, directors, representatives and employees, from any liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these events, except for the negligent act of omission if any, said indemnities. If the participants 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 and does hereby release and discharge UPHA 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 a indemnities. Further, a parent or legal guardian, they agree to indemnify and hold harmless UPHA and Show management from such liability to the minor.

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