



## Exemption Application Form – Dressage 2012

Riders with a disability may apply for an exemption to the EA Dressage Rules to enable them to compete on equal terms in Associate and Official Dressage classes.

When the application is approved by the Exemption Committee the applicant will receive an exemption card which must be carried at all times when competing in EA Dressage Competition.

A copy of the exemption card must be submitted with entries to EA competitions.

Cards are valid for a 4 year period.

An exemption will not be granted if it:

- Gives the rider an unfair advantage over other competitors
- Adversely affects the safety of the rider
- Adversely affects the welfare or well being of the horse.

### Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am 18 years or age or over Yes  No

Name of Parent/Guardian if under 18 years: \_\_\_\_\_

Are you a financial member of EA in your state? Yes  No

If yes, please quote your membership number: \_\_\_\_\_

Present level of EA competition: \_\_\_\_\_

Have you been classified for Para Equestrian competition? Yes  No

If yes please state your grade and profile: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Date of onset of disability: \_\_\_\_\_

Cause of disability: \_\_\_\_\_

Is the condition stable or degenerative? \_\_\_\_\_

Medical verification of the disability is required. A certificate from a medical practitioner giving their assessment of the nature of the disability and the amount of functional ability which the person retains is required. This documentation and any other relevant supporting information should be attached to the application.



## Exemption Application Form - Dressage

### Special Equipment

Please detail any special equipment, saddlery or compensating aids which you require

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I hereby wish to apply for exemption from the following EA Dressage Rules and Regulations.

Exemption	Reason
Eg. 3.6 Salute with head only	Eg. paralysis

I \_\_\_\_\_ certify that the above information is correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years)

Please forward completed form and supporting documentation to:

[camilla.mowbray@equestrian.org.au](mailto:camilla.mowbray@equestrian.org.au)

Equestrian Australia  
PO Box 673  
Sydney Markets NSW 2129

The completed forms will be kept by EA under confidential conditions.