

Midland Fair Exhibitors with Disabilities Program

Special Diagnosis Form



Instructions

Each exhibitor participating in the identified disabilities competition classes must have a medically diagnosed condition attested to by a licensed medical physician. This form must be completed, signed by a licensed physician, and returned to the **Midland Fair Youth Office** prior to entering any Midland Fair Exhibitors with Disabilities Classes.

Exhibitor Information

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Eligible Conditions

Please check each condition that applies to the applicant. Other conditions will be considered upon request (please list below).

- ☐ **Amputation** (partial to full joint) | ☐ **Coffin-Lowry Syndrome** | ☐ **Juvenile Rheumatoid Arthritis**
- ☐ **Tourette Syndrome** | ☐ **Ankylosis** | ☐ **Cystic Fibrosis** | ☐ **Microcephaly** |
- ☐ **Traumatic Brain Injury** | ☐ **Arthrogryposis** | ☐ **Down Syndrome** | ☐ **Multiple Sclerosis** |
- ☐ **Trisomy Disorders** | ☐ **Asperger Syndrome** | ☐ **Dwarfism** | ☐ **Muscular Dystrophy** |
- ☐ **Visual Impairment** | ☐ **Autism Spectrum Disorder** | ☐ **Fragile X Syndrome** | ☐ **Paresis** |
- ☐ **Upper Motor Neuron Lesions** | ☐ **Batten Disease** | ☐ **Friedreich's Ataxia** |
- ☐ **Post-Polio Syndrome** | ☐ **Vision Impairment** | ☐ **Cerebrovascular Accident (Stroke)** |
- ☐ **Guillain-Barre Syndrome** | ☐ **Prader-Willi Syndrome** | ☐ **Cerebellar Ataxia** |
- ☐ **Hearing Impairment** | ☐ **Rett Syndrome** | ☐ **Cerebral Palsy** | ☐ **Hunter Syndrome** |
- ☐ **Spina Bifida** | ☐ **Intellectual Disability** | ☐ **Spinal Cord Injury** |
- ☐ **Other Condition(s)** (please specify below): _____



Medical Statement

In accordance with Midland Fair Policy, this applicant has been diagnosed with the above designated condition(s).

Physician's Name: _____

Signature of Physician: _____ **Date:** _____

License #: _____ **City of Practice:** _____

Participant Waiver and Release

By signing this form, I understand that the Midland Fair does not assume responsibility for the safety of participants. I assume all risks of personal injury or property damage and hereby release and discharge the Midland Agricultural and Horticultural Society ("Midland Fair") and Show Management, including officers, directors, representatives, employees, and volunteers, from any liability for personal injury or property damage occurring as a result of participation, except in the case of negligence.

If the participant is a minor or unable to make independent decisions, the parent or legal guardian assumes all risks and agrees to indemnify and hold harmless the Midland Fair and Show Management from any resulting claims or liabilities.

Signature of Participant/Parent or Guardian (if under 18, or unable to sign):

_____ **Date:** _____

Printed Name: _____

Return Instructions

Please return the completed form to:

Midland Fair | Exhibit "Youth" Office

6905 Eastman Ave Midland MI 48642

info@midlandfair.net

Youth Office: 989.835.7185