



PERFORMANCE HALTER DESIGNATED RUNNER FORM

A horse must be handled and shown throughout the entire class by the same person, except in instances of illness or injury that require a substitute handler. Time allowed for the change of handler shall be in accordance with USEF AR108 Time Out Rules. No handler is permitted to show more than one horse per class. A designated runner exemption may be granted under the following conditions:

- a. An exhibitor in any youth or amateur Performance Halter class who is unable to perform the trot portion as determined by a physician, may appoint a designated runner and submit to the competition at the time of check-in to the show office a designated runner exemption form along with a signed physician statement. **The physician statement must state the exhibitor is unable to perform the trot in hand portions of the class and the effective dates of the physician letter are not to exceed one year.**
- b. It is the show management's responsibility to inform judge(s) of any designated runner exemptions.
- c. The designated runner must hold current memberships as required by the competition and these rules and satisfy the eligibility requirements of the class. In addition to the handler, the designated runner must sign the entry blanks as an exhibitor.
- d. The designated runner must be appropriately attired in accordance with the class or section requirements.
- e. The designated runner will handle the horse at the trot upon entrance and upon completion of the stand-up conformation judging. The exchange between the handlers will take place upon completion of the trot entrance and following completion of the stand-up conformation judging. The designated runner will remain in the arena for the duration of the class at a safe and reasonable distance dependent upon the configuration of the arena. In the event the handler requires emergency assistance, the designated runner may assist the handler, however any other coaching or assistance is prohibited.

Show Name: _____ Class Number: _____

Horse Name: _____ Registry: _____ Reg. #: _____

Original Handler Name: _____ AHA Member # _____

Designated Handler Name: _____ AHA Member # _____

*I attest that the original entry form has been signed by myself, the Designated Runner, and that a signed physician statement has been provided to the office.

Signature (Designated Runner): _____