

Lectures are open to volunteers and professionals in the field for a nominal fee. High Hopes Therapeutic Riding, Inc., a PATH Intl. premier accredited center, offers full and half day lectures conducted as part of the PATH International Approved Instructor Training Course.

Lectures are designed for the equine professional interested in therapeutic riding, therapeutic riding Instructor-In-Training, and currently Certified Instructor looking for advancement and continuing education hours.

01/11/18 - Anatomy of the Rider: Carolyn Jagielski, Physical Therapist, PATH Intl. Registered Instructor. This introductory lecture will discuss postural alignment and corrections, medical terminology and movement analysis, and look at tack and equipment as they relate to posture. Observation of a mounted session will be included. *PATH Intl CEU's = 7 DE*

01/12/18 - Growth and Development: Carolyn Jagielski, Physical Therapist, PATH Intl. Registered Instructor. Focusing specifically on human growth and development *\$25 9:00am- 12:00pm PATH Intl CEU's = 2 DE*

01/12/18- Effect of Equipment as it relates to Posture and Alignment: Carolyn Jagielski, Physical Therapist, PATH Intl. Registered Instructor. This lecture will feature human movement analysis and postural alignment and corrections, followed by a discussion of exercises, tack and equipment and tack fitting. Observation of a mounted session will be included. *\$45- 1:00pm-5:00pm PATH Intl CEU's = 5 DE*

01/13/18 - Volunteer Management: Megan Ellis, High Hopes Program Operations Manager and Advanced PATH Intl. Instructor. A discussion of how to build a successful volunteer program will include applying the PATH Intl. standards to volunteer recruitment, paperwork, training, retention methods and emergency procedures. This full day session will include opportunities for networking and exchanging ideas to enhance your volunteer program. *PATH Intl CEU's = 5 CE & 2 Riding CR*

1/18/18 - Physical Disabilities: Neurological Impairments / Orthopedic Impairments: Carolyn Jagielski, Physical Therapist and PATH Intl. Registered Instructor. This lecture will provide an overview of physical disabilities and teaching considerations. *PATH Intl CEU's= 7 DE*

01/20/18 - The Effective Instructor: Kitty Stalsburg, High Hopes Executive Director, PATH Intl. Master Instructor & Sarah Carlson, High Hopes Special Programs Manager, PATH Intl. Advanced Instructor and Certified Driving Instructor. Techniques of effective instructing will be discussed, including teaching strategies, lesson planning and task analysis, and discussion of PATH Intl. standards and guidelines. *PATH Intl CEU's= 5 CE & 2 Riding CR*

01/23/17 & 2/10/17- The Therapy Horse, Parts 1 & 2: Holly Sundmacker, High Hopes Equine Operations Director & Lauren Fitzgerald, High Hopes Equine Resource Manager, PATH Intl. Advanced Instructor and Certified Driving Instructor. These two sessions will cover key aspects of the management of a therapy horse herd, including selection, evaluation, training, handling and general herd management. *PATH Intl CEU's= 6 CE per day*

01/26/18 & 01/27/18 - Cognitive and Psychosocial Impairments Parts 1 & 2: Laura Moya, MFT, PATH Intl. Advanced Instructor, Barbara Abrams PHD, LPC, Expressive Therapist, Advanced Instructor. This two day lecture will review cognitive disabilities and discuss teaching considerations, competencies, role playing, games and activities. *PATH Intl CEU's= 7 DE per day*

02/01/18 - Facility, Standards and Risk Management (1/2 day): Kitty Stalsburg, High Hopes Executive Director and PATH Intl. Master Instructor. This lecture reviews PATH Intl. standards with an emphasis on risk management as well as facility needs. *PATH Intl CEU's = 5 CE*

Please visit our website at www.highhopestr.org for additional information and pricing on our workshop offerings. We look forward to having you join us for a mid-winter break in our picturesque New England setting.

Registration is required.

For information or to register contact Sarah Carlson at 860-434-1974 x 115 or scarlson@highhopestr.org

Cost per lecture - \$65

Any three lectures - \$175

Any six lectures - \$325

*NOTE: Copies of materials will be provided.

2018 WINTER LECTURE SERIES
 HIGH HOPES THERAPEUTIC RIDING, INC.

JOIN US TO:

- Study at a Premiere Accredited Center
- Learn from Master and Advanced Certified PATH Intl. Instructors
- Prepare for an upcoming certification
- Further your career through professional development
- Advance the skills of staff at your center

Cost per lecture - \$65

Any three lectures - \$175

Any six lectures - \$325

***NOTE: Copies of materials will be provided for all students.**
All lectures will run from 9am-5pm unless otherwise noted below

Please contact Sarah Carlson at scarlson@highhopestr.org for additional information.

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| _____ 1/11/18 Anatomy of the Rider | _____ Both 1/23/18 and 2/02/18 (TH-1 and 2) |
| _____ 1/12/18 Growth & Development <i>\$25; 9-12pm</i> | _____ 1/26/18 Cognitive & Psychosocial-1 |
| _____ 1/12/18 Effects of Equipment <i>\$45; 1-5pm</i> | _____ 1/27/18 Cognitive & Psychosocial-2 |
| _____ 1/13/18 Volunteer Management | _____ Both 1/26/18 & 1/27/18 (CPI-1 and 2) |
| _____ 1/18/18 Physical Disabilities | _____ 2/01/18, half day (Facility & Risk Manag.) |
| _____ 1/20/18 Effective Instructor | |
| _____ 1/23/18 Therapy Horse-1 | |
| _____ 2/02/18 Therapy Horse -2 | |

See High Hopes Web site www.highhopestr.org
 for additional information on 2018 Workshops

TOTAL COST: \$ _____

Name: _____

Phone: _____

E-mail: _____

PATH Member # _____

Address: _____

City: _____

State: _____ Zip: _____

Organization or Program Affiliation: _____

Reimbursement policy: Cancellations 1 week prior to the lecture will receive a refund minus a \$25 service fee.

Please make checks payable to: High Hopes
 High Hopes Therapeutic Riding, Inc.
 36 Town Woods Road, Old Lyme, CT 06371
 For more information email Sarah Carlson, scarlson@highhopestr.org
 or call 860-434-1974 x 115.

**HIGH HOPES THERAPEUTIC RIDING INC
REGISTRATION & RELEASE**

VISITOR & SPECIALTY VOLUNTEER FORM

PLEASE COMPLETE ENTIRE FORM

Please Check One: Visitor:___ Brd/Cmt Member:___ Spec Event Volunteer:___ One Day Vol/Group:_____

Name:_____ Home #:_____ Cell #:_____ DOB: _____

Address: _____ Town:_____ zip _____

Email: _____

In case of Emergency, contact: (Parent if minor) _____ Phone: _____

Please indicate any medical conditions or medications we should be aware of in the event of an emergency: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to: Secure and retain medical treatment and transportation, if needed and release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Date: _____ **Consent Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.

Date: _____ **Consent Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

***If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

PHOTO RELEASE:

_____ I hereby consent and authorize _____ I do not consent to, nor do I authorize. 1) High Hopes Therapeutic Riding, Inc. to use my(my child's) photograph or image in its print, online and video publications; 2) release High Hopes Therapeutic Riding, Inc., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me(my child).

Date: _____ **Consent Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

CONFIDENTIALITY POLICY: At High Hopes, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of High Hopes. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose confidential Information to anyone other than High Hopes staff. Volunteers must seek staff permission before taking any pictures or videos. I have read and understand High Hopes Confidentiality Policy and agree to abide by same.

Date: _____ **Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a High Hopes volunteer from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ **Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.