

BEYOND ESMHL - Next Steps!



Investing in your future



Opportunity, Education & Excellence
Choose High Hopes - an internationally recognized training facility.

High Hopes has 45 years of demonstrated success in the field of EAAT & non-profit management:

- Program, equine, and facility management.
- Business management & fundraising.
- Volunteer management. We have over 650 volunteers serving our program, facility, equines & development.

Workshops, certifications and professional development in all aspects of Equine Assisted Activities & Therapies:

- PATH Intl. Premier Accredited Center - 1979.
- PATH Intl. Approved Instructor Training Course since 1996.
- PATH Intl. Master, Advanced and Specialty certified mentors.
- Guidestar Platinum Charitable Status.
- Equus Guardian Status for Herd Care.
- Full service indoor and outdoor facility, extensive sensory trails, dedicated air-conditioned classroom and kitchen facility.



Date:

August 21-23, 2020

Times:

August 21, 2020 (6-8 pm), August 22-23, 2020 (8am-5pm)

PATH Int'l CEUs

2 ESMHL CR; 6 DE, 8 CE

About:

This workshop offers opportunities beyond the PATH Intl. ESMHL course and is designed for EAAT professionals seeking an interactive, hands-on, educational, networking experience. It will enhance their understanding of the benefits of Equine Assisted Learning and Equine Assisted Psychotherapy and present more tools for future lessons or sessions.

Who should attend?

- Those interested in Equine Facilitated Learning (EFL) or Equine Facilitated Psychotherapy (EFP)
- Equine Professionals
- Therapeutic Riding Instructors
- Anyone who works with mental health & education professionals and their clients/participants

Course Overview:

This workshop will include lecture discussion and hands on horse experience to:

Expand your toolbox of mutually beneficial equine assisted activities that can be utilized in mental health and learning lessons or sessions

Collaborate with other professionals to develop treatment and education goals and to design safe and effective lessons or sessions

Discuss and select equines to work with different students/client in sessions that we design and implement in the workshop, as well as selection of equines for particular clients/students at their centers

Observe equine communication and discuss its use in equine assisted learning and therapy

Explore language which can be utilized to describe equine assisted activities for marketing or recruitment efforts

Faculty:

Amanda Hogan, PATH Intl. Master Therapeutic Riding Instructor, ESMHL Co-author of ESMHL Curriculum/Workshop & Susanne Haseman, MEd, LCMHC, CEIP-MH, ESMHL and PATH Intl. Advanced Therapeutic Riding Instructor.

Registration Deadline:

Registration closes July 17, 2020

To Register:

Please complete attached forms and send them with the fee to: High Hopes Therapeutic Riding, Inc. Attn. Sarah Miller 36 Town Woods Road, Old Lyme, CT 06371. (860) 434-1974 x115 / smiller@highhopestr.org or register online at <http://www.highhopestr.org>

Price:

\$325 includes a light breakfast and lunch

Course Materials:

Provided at the workshop

Terms:

Please check our website for terms & conditions and cancellation policy at <https://www.highhopestr.org>



BEYOND ESMHL
HIGH HOPES THERAPEUTIC RIDING INC.
HIGH HOPES THERAPEUTIC RIDING, Inc. REGISTRATION FORM

Name: _____ PATH Intl. Yes/No _____ Membership No. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Day) _____ Phone (Cell) _____ Email: _____

Program Affiliation: _____ (e.g. *High Hopes TR, etc.*) Role or position: _____

How did you hear about this workshop? Facebook ☐ E-Blast ☐ List Serve ☐ PATH CC ☐ Strides ☐ Other Ad ☐

Please register me for the following workshop:

Beyond ESMHL _____ August 21-23, 2021 Fee: **\$325.00**

Registration cost includes: A light breakfast and lunch

Cancellation and Refund Policy: High Hopes reserves the right to cancel the workshop and/or the skills test/certification up to 5 business days after the registration deadline due to insufficient registrants or unforeseen circumstances. In that case all paid registration fees will be refunded in full. Participant cancellations prior to the registration deadline will be as laid out in High Hopes' Cancellation Policy. More than 90 days before the start of the first day of the course full refund less a \$25 service fee; 90 days or less before start of first day of the course 75% refund or \$25 whichever is the greater; less than 60 days before the start of the first day of the course 50% refund or \$25 whichever is the greater; less than 30 days before the start of the first day of the course NO REFUNDS. See more at <https://highhopestr.org/11/28/training-education-cancellation-refund-policy/>

☐ I consent ☐ I Do Not Consent

Date: _____ Consent Signature: _____

Please mail to: High Hopes Therapeutic Riding, Inc. 36 Town Woods Road, Old Lyme, CT 06371. Attn: Sarah Miller,
or register online at <http://www.highhopestr.org>. Upon receipt of this completed form and payment,
High Hopes will send you a confirmation email and any additional materials necessary.
For questions contact Sarah Miller at (860) 434-1974 ext. 115, or smiller@highhopestr.org

**PATH INTL. EQUINE SPECIALIST MENTAL HEALTH AND LEARNING WORKSHOP &
PRACTICAL HORSEMANSHIP SKILLS TEST**
Hosted by HIGH HOPES THERAPEUTIC RIDING, Inc.



DATE: *August 21-23, 2020*

Please attach another piece of paper or write on the back of this form
if necessary to answer the following questions:

- Are you a PATH Intl. Certified Therapeutic Riding Instructor?
If yes, what level or specialty: Registered, Advanced, Master, Driving?
- Equine Experience: Please tell us about any Certification you have with an Equine Organization (examples would be Pony Club, CHA, USDF, USEA, ARICP, Eagala, etc...)

Organization: _____ Level: _____

Organization: _____ Level: _____

Organization: _____ Level: _____

- Do you have experience working with Mental Health or Special Education clients in any setting? If yes, please tell us where and what kind:
- Describe other equine experience you have:

HIGH HOPES THERAPEUTIC RIDING INC REGISTRATION & RELEASE (NEW COMMON VERSION)

PLEASE COMPLETE ENTIRE FORM

☐Volunteer ☐Participant ☐Veteran's Program ☐Summer Camp ☐Horse Sense ☐Immersion ☐Visitor
☐One Day Vol/Group ☐Training & Education Workshop/Certification. ☐Field Trip or Birthday Party ☐Other

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

Address: _____ Town: _____ State: _____ Zip: _____

County: _____ Email: _____

Gender: _____ Height: ____ ft ____ in Weight: _____ lbs (Height & weight used in horse & volunteer assignments.)

Ethnicity: ☐White ☐Hispanic, Latino, or Spanish ☐Black or African American ☐Asian ☐American Indian or Alaska Native

☐Middle Eastern or North African ☐Native Hawaiian or Other Pacific Islander ☐Other race or ethnicity ☐Prefer not to answer

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 transport, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment. Date: _____ Consent Signature: _____

If applicant is under 18 years of age, parent/guardian signature is 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 VIDEO & PUBLICITY RELEASE: By engaging in activities at High Hopes Therapeutic Riding, Inc. I understand that I/my child/my ward may be photographed, filmed, or videotaped and I hereby give High Hopes Therapeutic Riding, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge High Hopes Therapeutic Riding, Inc. from and against any and all claims or actions arising out of, or resulting from any use of such image. High Hopes Therapeutic Riding, Inc. shall not be obligated to use, and may elect not to use, any image.

☐ Consent ☐ Do Not Consent Date: _____ Consent Signature: _____

If applicant is under 18 years of age, parent/guardian signature is 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. I shall never disclose confidential information to anyone other than High Hopes staff. I must seek staff permission before taking any pictures or videos. I have read and understand the High Hopes Confidentiality Policy and agree to abide by same. Date: _____ Consent Signature: _____

If applicant is under 18 years of age, parent/guardian signature is 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 in activities at High Hopes from whatever cause, including but not limited to the negligence of these related parties. The undersigned acknowledges that he/she has read this registration form 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: _____ Consent Signature: _____

If applicant is under 18 years of age, parent/guardian signature is required.