

# HighHopes

## Therapeutic Riding

HORSES AND HUMANS  
IMPROVING LIVES

### PATH Intl. Registered Instructor On-Site Workshop & Certification

June 14-17, 2017

with

Lauren Fitzgerald

PATH Intl. Advanced Instructor/Lead Evaluator

and

Liz Adams

PATH Intl. Master Instructor/Evaluator



PATH Intl. offers three levels of Instructor Certification for therapeutic riding: Registered, Advanced and Master. Each level has specific criteria included with the application materials. These workshop/certifications are for the **Registered** Level only.

*In order to become a PATH Intl. Registered Instructor, you must successfully complete two phases of the certification process.*

#### Phase One (PATH Intl.)

A complete description and application form are contained in the Registered Certification Application Booklet available through PATH Intl. at [www.pathintl.org](http://www.pathintl.org) or (800) 369-7433. Any questions that you have regarding Phase One should be directed to the PATH Intl. office.

#### Phase Two (Host Site—High Hopes Therapeutic Riding, Inc.)

Upon successful completion of Phase One, you will receive a confirmation letter from the PATH Intl. office. At this point you are considered an Instructor-In-Training (IT). You may retain this designation for twelve months from the date of your confirmation letter. At the end of the twelve months, you must have completed all the components of Phase Two.

##### Phase Two participants will be required to:

- Complete 25 hours of teaching mounted therapeutic riding lessons under the supervision/mentorship of a PATH Intl. Certified Instructor.
- Attend a Registered Instructor On-Site Workshop. You must attend a workshop PRIOR to the certification component. Please note that the workshops are valid for 2 years.
- Successfully complete a Registered Instructor On-Site Certification.

For additional information about the High Hopes Phase Two program contact Sarah Carlson at (860) 434-1974 ext. 115, or [scarlson@highhopestr.org](mailto:scarlson@highhopestr.org). For a complete description of the Phase Two process and requirements contact PATH Intl. at [www.pathintl.org](http://www.pathintl.org) or (800) 369-7433.

To register for this workshop and/or certification, please complete the information requested in this form, and send it together with the required fee AND a copy of your Confirmation of Instructor-In-Training status letter from PATH Intl. to:

High Hopes Therapeutic Riding, Inc.  
36 Town Woods Road  
Old Lyme, CT 06371  
(860) 434-1974



[www.highhopestr.org](http://www.highhopestr.org)

# HighHopes

## Therapeutic Riding

HORSES AND HUMANS  
IMPROVING LIVES

### APPLICATION FORM

#### PATH Intl. REGISTERED INSTRUCTOR

#### ON-SITE WORKSHOP AND CERTIFICATION PROGRAM

Hosted by HIGH HOPES THERAPEUTIC RIDING, Inc.

June 14-17, 2017

To register for this workshop and/or certification, please complete the information requested in this form, and send it together with the required fee AND a copy of your Confirmation of Instructor-In-Training status letter from PATH Intl. to:

High Hopes Therapeutic Riding, Inc.

36 Town Woods Road

Old Lyme, CT 06371

\*Make checks payable to: High Hopes Therapeutic Riding, Inc.\*

**High Hopes does not accept credit card as a form of payment.** Upon receipt of the forms and fee payment, High Hopes will send you a **Phase Two Packet**. In addition to the required forms, the packet will contain information about housing accommodations as well as other logistics. All Phase Two forms must be completed and submitted to High Hopes three weeks prior to the start of the On-Site Workshop and Certification sessions. For questions regarding the High Hopes Phase Two program contact Sarah Carlson at (860) 434-1974 ext. 115, or [scarlson@highhopestr.org](mailto:scarlson@highhopestr.org).

Please register me for the following:

\*Instructor Workshop *ONLY* \$525.00

\_\_\_ June 14-16, 2017

\*Instructor Workshop *AND* One-Day Certification Program \$725.00

\_\_\_ June 14-17, 2017

\*\*Certification *ONLY* \$425.00

\_\_\_ June 16 and 17, 2017

Registration Deadline: May 2, 2017

Reimbursement policy: Cancellations prior to the registration deadline will receive a full refund minus a \$150 service fee.

No reimbursements will be granted after the registration deadline.

\* Cost includes lunch on workshop days.

\*\* MUST have proof of having attended a PATH Intl. Approved Workshop

\*\*\* High Hopes horses have a weight limit of 180 lbs. We do require a submission of a riding video prior to confirmation from candidates at or over 165 lbs. Submission of the video is for the center to ensure we can accommodate all candidates during their mounted ride for certification. This video will be reviewed by our center representative and will not be utilized for evaluation. If you exceed this weight limit, you will need to contact PATH Intl. for accommodation requirements of the riding portion of Phase Two.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ PHONE (CELL) \_\_\_\_\_

EMAIL: \_\_\_\_\_ PATH Intl. membership # \_\_\_\_\_

\*\*\*HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ PREFERRED RIDING DISCIPLINE: \_\_\_ENGLISH \_\_\_WESTERN

**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.*