

# HighHopes

## Therapeutic Riding

HORSES AND HUMANS  
IMPROVING LIVES

### The ABC's of Participant Behavior and Behavior Management Techniques

in the TR and EAAT setting

March 3, 2018 & June 23, 2018



### High Hopes is...

A PATH Intl. Premier  
Accredited Center

Accredited by the Certified  
Horsemanship Association

Internationally renowned  
for training & education

### We offer...

Lectures by qualified  
professionals with in-depth  
experience.

Networking opportunities

A dynamic learning  
environment

This workshop is ideal for those seeking an interactive, hands-on educational experience to further their understanding of participant behavior, and behavior management techniques that can be utilized in the TR and EAAT setting. The objective of this workshop is to provide instructors with an understanding of the functions of behaviors, and how to utilize research based theories and strategies to respond to difficult situations. An interactive morning lecture will be followed by a hands-on educational experience to practice skills. You will be led by Kate McCormick, Special Educator, PATH Certified therapeutic riding instructor, ESMHL, who also specializes in behavioral assessment.

- ◇ ***Learn behavior management techniques that will most effectively help participants meet their goals in a positive, successful, and safe manner.***
- ◇ ***Delve into various behaviors experienced in the TR and EAAT settings stemming from a wide range of disabilities, such as ASD, Sensory Processing Disorder, and working with youth at-risk who struggle with conduct disorders, anxiety, and/or aggression.***

***PATH Int'l CEU's = 7 DE***



For more information, contact  
Sarah Carlson,  
Special Program Manager  
at (860) 434-1974 ext. 115 or  
scarlson@highhopestr.org  
Visit us online at [www.highhopestr.org](http://www.highhopestr.org)



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## Therapeutic Riding

HORSES AND HUMANS  
IMPROVING LIVES

To register for a workshop, please complete the information requested below and send it together with the required fee\* to:

High Hopes Therapeutic Riding, Inc.  
36 Town Woods Road, Old Lyme, CT 06371  
[www.highhopestr.org](http://www.highhopestr.org)  
Fax: (860) 434-3723

Upon receipt of this completed form and payment, High Hopes will send you an official letter of welcome and any additional materials necessary.

For questions contact Sarah Carlson at (860) 434-1974 ext. 115, or [scarlson@highhopestr.org](mailto:scarlson@highhopestr.org).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PATH Member # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization or Program Affiliation: \_\_\_\_\_

Please register me for the following:

- ◇ The ABC's of Participant Behavior and Behavior Management Techniques in the TR and EAAT setting:  
March 3, 2018 \_\_\_\_\_ \$110 (Registration includes light lunch)  
June 23, 2018 \_\_\_\_\_ \$110 (Registration includes light lunch)
- ◇ *PATH Int'l CEU's = 7 DE*

**Registration Deadline: February 1, 2018 for March; May 25, 2018 for June**

Reimbursement policy: Cancellations prior to the registration deadline will receive a refund minus a \$75 service fee.  
No reimbursements will be granted after the registration deadline.



**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.*