

The Therapy Horse



HIGH HOPES

Horses and Humans Improving Lives



Investing in your future



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

Date: April 8, 2019

PATH Int'l CEUs 7 CE

About:

Equine selection and training are central to the success of our therapeutic horsemanship programs. Join our staff in a conversation about finding the right equine for your program's needs, training them for their unique roles and maintaining their well-being to ensure longevity in your herd.

Faculty:

Holly Sundmaker, High Hopes Equine Operations Director

Who should attend?

Anyone who wishes to learn more about equine management in a therapeutic riding setting:

- Equine Managers
- Program Directors
- Therapeutic Riding Instructors
- Equine Specialists and more....

Course:

Topics will include:

- Recruiting and selecting the right horses for your program
- Planning a trial period
- Tailored training systems to create willing partners
- Stress control: management techniques for happy horses
- Life beyond the TR Center

Time:

9:00am - 5:00pm

Price:

\$125 including light lunch

To Register:

Please complete attached forms and send them with the fee to: High Hopes Therapeutic Riding, Inc.
36 Town Woods Road, Old Lyme, CT 06371.
(860) 434-1974 x115 Attn:

Sarah Carlson, scarlson@highhopestr.org or register online at <http://www.highhopestr.org>

Reg. Deadline: March 15, 2019

Course Materials: Will be provided at the workshop

Terms:

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

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

- Program, equine, and facility management.
- Business management, marketing fundraising, & board development.
- 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 since 1979.
- PATH Intl. Approved Instructor Training Course since 1996.
- PATH Intl. Master, Advanced and Specialty Certified mentors.
- Full service indoor and outdoor facility, extensive sensory trails and a dedicated air-conditioned classroom and kitchen facility.

The Therapy Horse Workshop
HIGH HOPES THERAPEUTIC RIDING INC. CONTINUING EDUCATION
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:

Therapy Horse Workshop _____ March 25, 2019 Fee: **\$125.00**

Registration cost includes: A light 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 on the front of this flyer** 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 receive a full refund minus a \$75 service fee. No reimbursements will be granted after the **registration deadline**. I have read, understand and accept all High Hopes terms, conditions and cancellation/refund policies in this registration form and on the High Hopes website <http://www.highhopestr.org>

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 Carlson, or register online at <http://www.highhopestr.org>. 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.

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.