

# PATH Intl. On-site Workshop & Certification - REGISTERED Instructor Level -



**HIGH HOPES**  
Horses and Humans Improving Lives



## 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: Workshop: **August 24-26, 2020 and November 16-18, 2020**  
Certification: **August 26-27, 2020 and November 18-19, 2020**

PATH Intl CEUs: 6 DE, 2 CR, 12 CE.

About: This workshop and certification is designed to provide information for those exploring a career in Therapeutic Riding. For those who meet the prerequisites for PATH Intl. TRI certification the workshop also provides an intensive preparation. Please check the PATH Intl. website for all qualifying steps if you are registering for TRI certification.

Who should attend? **Anyone interested in learning more about becoming a PATH Intl. Certified Therapeutic Riding Instructor, or who wishes to prepare for their Registered Instructor Certification.**

Prerequisites: FOR WORKSHOP no prerequisites  
FOR CERTIFICATION you must:  
- Be age 18 or older  
- Be a current PATH Intl. individual member  
- Have attended a PATH Intl. Approved On-site Workshop in the last 2 years.  
- PATH Intl. Phase 1 completed within last 12 months  
- PATH Intl. Phase 2 provide evidence of 25 hours teaching mounted therapeutic riding lessons under the supervision/mentorship of a current PATH Intl. Certified Therapeutic Riding Instructor.

Faculty: **Megan Ellis PATH Intl. Advanced Instructor/Lead Evaluator**  
**Imanol Echeverria PATH Intl. Advanced Instructor/Associate Evaluator**  
**Faculty - subject to change**

Time: 8:30 am - 5:00 pm daily

Price:

- Instructor Workshop ONLY: \$525.00 inc. light lunch
- Instructor Workshop inc. light lunch AND Certification \$725.00
- Certification ONLY: \$425.00

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](mailto:smiller@highhopestr.org)  
or register online at <http://www.highhopestr.org>

**Reg. Deadline:** **July 24, 2020 for August 2020 (max 20 for w/s, 12 for cert.)**  
**October 14, 2020 for November 2020 (max 20 for w/s, 12 for cert.)**

Course Materials: Provided at the workshop

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

**PATH INTL. ONSITE WORKSHOP AND REGISTERED INSTRUCTOR CERTIFICATION**  
**High Hopes Therapeutic Riding Inc. Registration Form**

Name: \_\_\_\_\_ PATH Intl. member 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 (Note: maximum of 20 participants for each workshop and 12 for certification).

**Workshop\* ONLY \$525.00**

**Workshop\* & Certification \$725.00**

**Certification ONLY \$425.00**

\_\_\_\_\_ Aug. 24-26, 2020  
\_\_\_\_\_ Nov. 16-18, 2020

\_\_\_\_\_ Aug. 24-27, 2020  
\_\_\_\_\_ Nov. 16-18, 2020

\_\_\_\_\_ Aug. 24-27, 2020  
\_\_\_\_\_ Nov. 18-19, 2020

The workshop is 3 full days, 8am to 5pm. This includes a light breakfast and lunch each day.

\* Workshop includes light lunch on workshop days only.

^ You must provide proof of having attended a PATH Intl. Approved On-Site Workshop in the last two years

**For certification please note that High Hopes Horses have a weight limit of 180lbs.** 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 certification.

**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 check and complete the following:**

I am at least 18 years old  I am a current PATH Intl. Member

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

Preferred riding discipline  English  Western

Date: \_\_\_\_\_

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](mailto:smiller@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.*