

Cognitive and Psychosocial Disorders 1 & 2



HIGH HOPES

Horses and Humans Improving Lives



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:	September 21-22, 2020 and January 18-19, 2021
PATH Intl CEUs:	7DE per day Disability Track ♦
About:	This one or two-day workshop can be taken for continuing education, as part of the sixteen-day High Hopes' Approved Training Course, or as part of the 7-day High Hopes' Disability Module.
Who should attend?	- Equine professionals, therapists, and volunteers interested in therapeutic riding - PATH Intl. Instructor in Training Candidates - PATH Intl. Therapeutic Riding Instructors seeking advancement and CEUs
Course overview:	During day one you will review cognitive and psychosocial disabilities, characteristics, etiology, precautions & contraindications, and best practices for EAAT teaching techniques and competencies. Day two will build on this with a discussion of teaching considerations and competencies, and will include opportunities for unmounted role-play, games and activities, and guided lesson observation.
Faculty:	Barbara Abrams, LPC, PATH Intl. CTRI and Laura Moya, LMFT, PATH Intl. CTRI. Faculty subject to change: please see our website for more information. highhopestr.org
Time:	9:00am - 5:00pm daily.
Price:	\$125 for one day lectures; \$95/day as part of the 7-day disability module; \$80/day as part of the 16-day High Hopes' Approved Training Course.
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
Reg. Deadline:	August 17, 2020 for Sept/Oct 2020 dates December 14, 2020 for Jan/Feb 2021 dates
Course Materials:	Provided at the workshop
Terms:	Please check our website for terms & conditions and cancellation policy at https://www.highhopestr.org



Cognitive and Psychosocial Disorders 1&2 - Disability Module
HIGH HOPES THERAPEUTIC RIDING INC. CONTINUING EDUCATION
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 workshops or modules:

Disability Workshop - Cognitive and Psychosocial Disorders 1 - September, 2020 Fee: **\$125.00**

Disability Workshop - Cognitive and Psychosocial Disorders 1 - January, 2021 Fee: **\$125.00**

Disability Workshop - Cognitive and Psychosocial Disorders 2 - September, 2020 Fee: **\$125.00**

Disability Workshop - Cognitive and Psychosocial Disorders 2 - January, 2021 Fee: **\$125.00**

Disability Workshop - Cognitive and Psychosocial Disorders 1 and 2 September, 2020: **\$190.00**

Disability Workshop - Cognitive and Psychosocial Disorders 1 and 2 January, 2021: **\$190.00**

Cognitive and Psychosocial Disorders 1 (as part of the 7-day disability module) September, 2020 **\$665**

Cognitive and Psychosocial Disorders 2 (as part of the 7-day disability module) January, 2021 **\$665**

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.

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.