

PATH Intl. Equine Specialist in Mental Health & Learning (ESMHL)



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.



Workshop Dates: February 13- 15, 2021 or April 8- 10, 2021

Skills Test Dates: February 16, 2021 or April 11, 2021

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

About:

The Equine Specialist in Mental Health & Learning workshop is a three-day workshop offered to equine professionals and therapeutic riding instructors who work or would like to work with students with mental health and/or learning issues.

The workshop is a requirement of the ESMHL certification. It is beneficial to have horsemanship skills and experience when attending the workshop but it is not required. The Horsemanship Skills Test is held on day 4 following the ESMHL workshop.

Faculty:

Amanda Hogan, PATH Intl. Master Therapeutic Riding Instructor, ESMHL and Co-author of ESMHL Curriculum/Workshop & Susanne Haseman, MEd, LCMHC, CEIP-MH, ESMHL and PATH Intl. Advanced Therapeutic Riding Instructor.

Who should attend?

- Those with an interest in Equine Facilitated Learning (EFL) or Equine Facilitated Psychotherapy (EFP)
- Equine Professionals looking to expand their toolbox
- Therapeutic Riding Instructors
- Anyone who works with mental health & education professionals and their clients.

Prerequisites:

- Age 21 or older
- Current PATH Intl. individual member
- Equestrian skills on the flat in English or Western tack comparable to those described in Pony Club C or CHA Level I
- Familiarity with PATH Intl. Standards and PATH Intl. Code of Ethics, and/or a PATH Intl. Certified Therapeutic Riding Instructor

Deadline:

January 11, 2021 (for February/March 8, 2021 (for April)

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>

Time:

8:00am – 5:30pm daily.

Price:

- Workshop Only: \$475.00
- Workshop & Horsemanship Skills Test: \$625.00
Inc. light breakfast & lunch on days 1-3 (workshop days)
- Horsemanship Skills Test Only: \$150.00

Course Materials:

Workshop Manual will be provided on the first day.

Terms:

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

**PATH INTL. EQUINE SPECIALIST MENTAL HEALTH AND LEARNING WORKSHOP &
PRACTICAL HORSEMANSHIP SKILLS TEST
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 (NOTE there is a maximum of 20 participants for each workshop/skills test):

Workshop ONLY \$475.00	Workshop & Horsemanship Skills Test \$625.00	Horsemanship Skills Test ONLY \$150.00
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_____ Feb. 13-15, 2021

_____ Feb. 13-16, 2021

_____ Feb. 16, 2021

_____ April 8-10, 2021

_____ April 8-11, 2021

_____ April 11, 2021

The workshop is 3 full days, 8am to 5.30pm. Cost includes breakfast and light lunch on workshop days. The skills test will take place on day four, no breakfast or lunch provided on this day.

All participants **must download a copy of the ESMHL certification booklet** and bring it to the workshop and skills test. The booklet is available at <https://pathintl.org/>

A **limited** number of booklets will also be available at the workshop **for an additional \$15 fee.**

Check all that apply:

- I am at least 21 years old
- I am a current PATH Intl. Member
- I have called the PATH Intl. office to pay any membership fees needed (if applicable)
- I do not need an accommodation of any kind to complete the practical testing
- I do need an accommodation to complete the practical testing and have contacted the PATH Intl. office to request it.

Date: _____ Signature: _____

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

PATH INTL. EQUINE SPECIALIST MENTAL HEALTH AND LEARNING WORKSHOP &
PRACTICAL HORSEMANSHIP SKILLS TEST
Hosted by HIGH HOPES THERAPEUTIC RIDING, Inc.



DATE: **February 13-16, 2021 or April 8-11, 2021 (please circle)** Please
attach another piece of paper or write on the back of this form if
necessary to answer the following questions:

- Are you a PATH Intl. Certified Therapeutic Riding Instructor?
If yes, what level or specialty: Registered, CTRI, Advanced, Master, Driving?
- Equine Experience: Please tell us about any Certification you have with an Equine Organization (examples would be Pony Club, CHA, USDF, USEA, ARICP, Eagala, etc...)

Organization: _____ Level: _____

Organization: _____ Level: _____

Organization: _____ Level: _____

- Do you have experience working with Mental Health or Special Education clients in any setting? If yes, please tell us where and what kind:

- Describe other equine experience you have:

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.