



EMSHL Workshop Registration Packet

Workshop Dates: July 12-14, 2018

Skills Exam Date: July 15, 2018

Workshop & Exam Location:

Dreams on Horseback

1416 Reynoldsburg-New Albany Rd.

Blacklick, OH 43004

Fees:

Workshop Only: \$450.00

Skills Exam Only: \$150.00

Workshop & Exam: \$575.00

Remit Registration Paperwork and Payment to
above address.



**Equine Specialist in Mental Health and Learning (ESMHL)
Workshop and Practical Horsemanship Skills Test
ESMHL On-Site Event Application**

Name: _____ Email: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____

Check all that apply:

- I am at least 21 years old. (This is required to attend the workshop/testing.)
- I am a PATH Intl. Member. Member # _____
- I have confirmed that my PATH Intl. membership is current and up-to-date.
- I plan to participate in the **workshop only**.
- I plan to participate in the **workshop and skills test**.
- I plan to participate in the **skills test only**.
- I do not need an accommodation of any kind to complete the skills test.
- I need an accommodation to complete the skills test. I have submitted my request to PATH Intl. and am aware that it may take up to 60 days to receive an accommodation.

NOTE: You must be a PATH Intl. member to attend

I have enclosed with my application:

- Candidate Profile Form
- Photo and Liability Release Forms
- Payment and/or payment information

Payment Information:

Cost of workshop: Tuition covers all materials, breakfast and lunches. Please ask the host site for a copy of its refund policy. PATH Intl. is not responsible for refunds.

Cost of workshop is determined by the host site.

Memberships are paid directly to PATH Intl.

Check the form of payment included with this application:

- Check
- Credit Card 4% will be added for credit card transactions

Amount enclosed: _____ Check #: _____

Credit card information: Circle One: VISA MasterCard American Express

Credit card number: _____ Exp. Date: _____ Billing Zip Code: _____

Name as appears on card: _____ CVV#: _____ CVV#: _____

Signature: _____ Date: _____



**Equine Specialist in Mental Health and Learning (ESMHL)
Workshop and Practical Horsemanship Skills Test
Candidate Profile Form**

Please complete this form and send it to the host site where you are attending your workshop and practical exam.

Name: _____ Email: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Phone Day: _____ Evening: _____

Please attach another piece of paper or write on the back of this form, if necessary:

Are you a PATH Intl. Certified Therapeutic Riding Instructor? If yes, what level or specialty, Registered, Advanced, Master, Driving?

Equine experience: Please tell us about any certifications you have with an equine organization (examples would be Pony Club, CHA, USDF, USEA, ARICP, Eagala, etc.)

Organization: _____ Level: _____
Organization: _____ Level: _____
Organization: _____ Level: _____

Are you currently or have you ever been affiliated with an equine-facilitated mental health or educational program?

Please give us the name and describe your work there.

Do you have experience working with mental health or special education clients in any setting? Please tell us where and what kind.

Describe other equine experience you have:



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PATH Intl. Photo Release Form

I hereby consent to and authorize the use and reproduction by the Professional Association of Therapeutic Horsemanship International (PATH Intl.) of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, the PATH Intl. website and exhibitions or for any other use for the benefit of PATH Intl. and equine-assisted activities.

Signature: _____ Date: _____

For PATH Intl. Records

Name: _____

Name of person(s) in photo: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone/email: _____



Equine Specialist in Mental Health and Learning (ESMHL) Workshop and Practical Horsemanship Skills Test

Liability Release Form

I, _____, would like to participate in the PATH Intl. On-Site Equine Specialist in Mental Health and Learning Workshop and Horsemanship Skills Test. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me 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 PATH Intl., its board of trustees, employees and faculty/evaluators for any and all injuries and/or losses I may sustain while participating in the PATH Intl. On-Site Equine Specialist in Mental Health and Learning Workshop and Horsemanship Skills Test.

Signature: _____ Date: _____
(Candidate)

Many disabilities or injuries have accompanying conditions that pose special physical risks during exercise. Horseback riding is exercise, as are other activities involved in this workshop and/or skills test, such as handling and working around horses. I understand that PATH Intl. and the host site recommend that I seek the advice of a physician before participating in activities that involve exercise, riding, handling or being near horses.

I understand that if I have a disability/disabilities, injury or physical condition that might affect my ability to handle or be around horses at the PATH Intl. On-Site Equine Specialist in Mental Health and Learning Workshop and Horsemanship Skills Test, I will need to apply for an exemption as outlined in the Reasonable Accommodation Policy.

Signature: _____ Date: _____
(Candidate)



I, or the parents or legal guardians of the listed individual is a minor, do hereby voluntarily agree to participate in an equine activity sponsored by Dreams on Horseback or Field of Dreams, "Sponsor." The terms "I", "We", "Me", or "My" shall herein refer to the participant listed below and the parents or legal guardians thereof if a minor.

Participant(s) Name(s)	Age	Does this participant have a physical or mental condition that may affect his/her safety and ability to ride a horse of which we should be aware? Circle One: Yes No (If yes, describe below)

INSURANCE. If medical treatment is required, I and/or my medical insurance company shall pay for ALL such expenses.

CONTRACT. This agreement is legally binding upon me, my heirs, estate, assigns, including all minor children and personal representatives, and it shall be interpreted according to the laws of the State of Ohio. This agreement is intended to be binding now and in the future when SPONSOR permits me (directly or indirectly) to be near any horse, receive riding, training, instruction, or guidance from SPONSOR'S employees or agents, either on or off of SPONSOR'S property. Any disputes shall be litigated in Franklin County, Ohio. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void.

RISKS. Risks, conditions, and dangers are inherent in an equine activity, regardless of all feasible safety measures that can be taken, and I agree to assume them. The inherent risks include, but are not limited to, the propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the equine; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; hazards including, but not limited to, surface or subsurface conditions; a collision, encounter, or confrontation with another equine, animal, person, or object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons including, but not limited to, failing to maintain control of an equine or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horse activities involve situations in which a smaller, weaker predator animal (the human) tries to impose its will on another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts that may include but are not limited to stopping short; changing directions and speed; shifting its weight; bucking; rearing; kicking; biting; and running from danger.

CONDITIONS OF NATURE. SPONSOR is NOT responsible for occurrences of nature or sudden, unfamiliar sights, sounds, or movements that can scare a horse, cause it to fall, or react in some other unsafe way. Examples include but are not limited to thunder, lightening, rain, wind, sliding snow from rooftops, wild and domestic animals, insects, or reptiles that may walk, run, fly near, or bite or sting a horse or person, and irregular footing on out-of-door groomed or wild land that is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I am not relying on Sponsor to list all possible conditions for me.

GIRTHS. Saddle girths (fastener straps around horse's belly) may loosen while riding. Students must alert Sponsor's staff of any girth looseness so action can be taken to avoid slippage of saddle and potential for the rider to fall from the horse.

HELMET. I have been advised by SPONSOR that protective headgear meeting or exceeding ASTM/SEI quality standards should be worn while I am involved in any equine activity. I understand that wearing headgear during any equine activity may reduce the severity of head injuries and possibly prevent death as the result of a fall or other occurrences. I am not relying on SPONSOR or its associates to guarantee my personal helmet protects me in this manner.

PHOTO AND VIDEO RELEASE. Pictures and video may be taken during this equine activity. By signing this waiver, I agree that pictures of participant may be used by SPONSOR only for marketing purposes.

LIABILITY RELEASE. In consideration of SPONSOR allowing my participation in this activity, under the above terms, I agree to release, hold harmless, and discharge SPONSOR, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf ("Associates"), from all claims, demands, causes of action and legal liability, due to SPONSORS' or ITS ASSOCIATES' negligence, and I do further agree that except in the event of SPONSOR'S gross negligence or willful or wanton misconduct, I shall not bring any claims, demands, or legal actions against SPONSOR or ITS ASSOCIATES for any economic and non-economic losses due to bodily injury or death or property damage sustained in relation to the premises or equine activities of SPONSOR, to include riding, training, handling, or otherwise being near horses owned by me or SPONSOR, or in the care, custody, or control of SPONSOR, whether on or off the premises of SPONSOR.

I, THE UNDERSIGNED, REPRESENT THAT I HAVE READ AND UNDERSTAND THE FOREGOING LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

Signature of participant, parent or legal guardian if participant younger than 18

Date

PHOTO/VIDEO RELEASE

We love to share the many wonderful programs at our facility, and photographs and/or videos help convey that message better than words. If permitted, we pledge to present the materials in a professional manner.

I hereby (Circle One) Consent Do Not Consent

to the use by Dreams on Horseback or Field of Dreams of photographs or audio/visual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibits, or for any other use for the benefit of the program.

Printed Name: _____

Signature: _____ Date: _____