

PATH INTL. ESMHL WORKSHOP AND HORSEMANSHIP SKILLS TEST EVENT REGISTRATION APPLICATION

Please complete this form and send it to the host site where you are attending the workshop and horsemanship skills test.

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.

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 Check #: _____ Check amount: \$ _____
- Credit Card

Credit card information:

Circle One: VISA MasterCard AMEX Discover Total payment amount: \$ _____

Credit card number: _____ Exp Date: _____ CVV#: _____

Name as it appears on card: _____

Signature: _____ Date: _____

PATH INTL. ESMHL WORKSHOP AND HORSEMANSHIP SKILLS TEST 2019 CANDIDATE PROFILE FORM

Please complete this form and return it to the host site where you are attending the workshop and horsemanship skills test.

Name: _____ Email: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

Are you a PATH Intl. Certified Professional? If yes, what level and/or specialty?:

Therapeutic riding instructor, level: _____

Driving, level: _____

Equine experience: Please tell us about any certifications you have with other professional equine organizations (such as 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? If yes, describe your role/duties.

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

Describe any other equine experience you have:



RELEASE OF LIABILITY FORM

I, _____, would like to participate in the PATH Intl.
(Candidate's signature)

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. Equine Specialist in Mental Health and Learning workshop and Horsemanship Skills Test.

Signature: _____ Date: _____
(Candidate's signature)

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 ride, handle or be around horses at the PATH Intl. Equine Specialist in Mental Health and Learning workshop and Horsemanship Skills Test, I will need to apply for an accommodation as outlined in the accommodation policy.

Signature: _____ Date: _____
(Candidate's signature)



PATH INTL. PHOTO RELEASE FORM

For PATH Intl. Records:

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, exhibitions or for any other use for the benefit of PATH Intl. and equine-assisted activities.

Candidate's Signature _____ Date _____

Name (printed) _____

Name of person(s) in photo _____

Address _____

City _____ State _____ Zip _____

Phone/email _____