



## Colorado Therapeutic Riding Center, Inc.

11968 Mineral Road | Longmont, CO 80504

(303) 652-9131 | FAX (303)652-2072 | [www.ctrinc.org](http://www.ctrinc.org)

Dear PATH Intl. On-Site Registered Instructor Workshop Prospective Participant:

We at the Colorado Therapeutic Riding Center are very excited to be hosting a PATH Intl. On-Site Registered Instructor Workshop **March 21 – March 23**. Registration deadline is **February 18, 2012**. If there are still spaces available in the workshop following the deadline, we may be able to extend the registration period for workshop participants only. PLEASE NOTE *that we are unable to provide refunds except in the case of documented illness or injury*.

Throughout the workshop you will be provided with invaluable instruction, insight and teaching strategies from experienced professionals. The workshop will also incorporate hands-on activities, including role playing and live skill demonstrations. The workshop portion, which is required for certification, serves as an educational review of the criteria, but cannot and does not provide the sole education necessary to pass the certification.

Please be advised that we may hold part of the Workshop outdoors (weather permitting), and you will be handling and possibly riding horses, so dress accordingly. We will hold the Workshop regardless of weather and utilize our indoor arena if needed. CTRC is a smoke free environment. As a reminder, children and dogs are not permitted at the Workshop or Certification.

Directions to CTRC are included below with a sample schedule that you should review for additional information. Snacks and drinks, light breakfast fare and lunches will be served during the Workshop. There are dozens of motels/hotels in the Longmont area. A great source for detailed hotel information in the area is <http://hotel-guides.us/colorado/longmont-co-hotels.html>. CTRC is located on Highway 52, 1 ½ miles east of Highway 287. Hampton Inn (303-772-2554) is the closest motel and generally offers a 10% discount to CTRC participants. Denver International Airport is approximately 45 minutes southeast of CTRC, and Boulder is about 20 minutes from CTRC.

Please call me at 303-652-9131 or email me at [loraine@ctrinc.org](mailto:loraine@ctrinc.org) with any remaining questions. Thanks!

Sincerely,

Sincerely,

**Loraine O'Keefe**  
**Program Director**



## **Workshop & Certification Schedule: March 30<sup>th</sup>-April 2<sup>nd</sup>, 2011 (tentative)**

(please plan to work with horses in all weather conditions)

### **Day 1**

8:00-8:30	Registration
8:30-9:00	Workshop Objectives New Certification Criteria Review
9:00-10:30	Physical Disabilities
10:30-10:45	Break
10:45-12:15	Cognitive Disabilities
12:15-1:00	Lunch (provided by CTRC)
1:00-1:30	Intake forms New Rider Assessments
1:30-2:45	Posture & Alignment Show & Tell of Self-study Photos
2:45-3:00	Break
3:00-4:00	Horse Movement and Analysis
4:00-5:00	Tack and Equipment

### **Day2**

8:30-9:00	Role of the Instructor
9:00-9:30	Class Structure & Lesson Plans
9:30-10:00	Goals & Objectives
10:00-10:15	Self-Study Lesson Plan Reviews
10:15-10:30	Break
10:30-11:15	Skill Progression
11:15-12:00	Task Analysis
12:00-1:00	Lunch (provided by CTRC)
1:00-1:30	What/How/Why & Learning Styles
1:30-2:15	Teaching Techniques
2:15-2:30	Break
2:30-3:30	Volunteers
3:30-4:50	Mount/Dismount
5:00-5:30	Write role play lesson plans

### **Day 3**

8:30-9:00	Riding Videos
9:00-10:00	Role Play 1 & 2
10:00-11:00	Role Play 3 & 4
11:00-11:15	Break
11:15-12:00	Faculty Teaching Demonstration
12:00-12:30	Conclusion ("Workshop Only" Participants Are Free to Leave At 12:30)
12:30-1:00	Lunch (provided by CTRC)

### **Certification Candidates Only**

1:00-2:00	Certification Candidates Q/A; draw teaching times; assign riding test time
2:30	riding test begin

**NOTE: "Certification Only" candidates should arrive by 12:00 on Day 3 and may come earlier at the discretion of CTRC staff-please call ahead.**

### **Day 4: Certification**

Participants will draw their teaching time from a hat. Teaching times will be between 8 a.m. and 3 p.m.

Candidate's personal evaluation meetings (15 minutes) will be scheduled starting at 4 p.m.



## Directions to Colorado Therapeutic Riding Center

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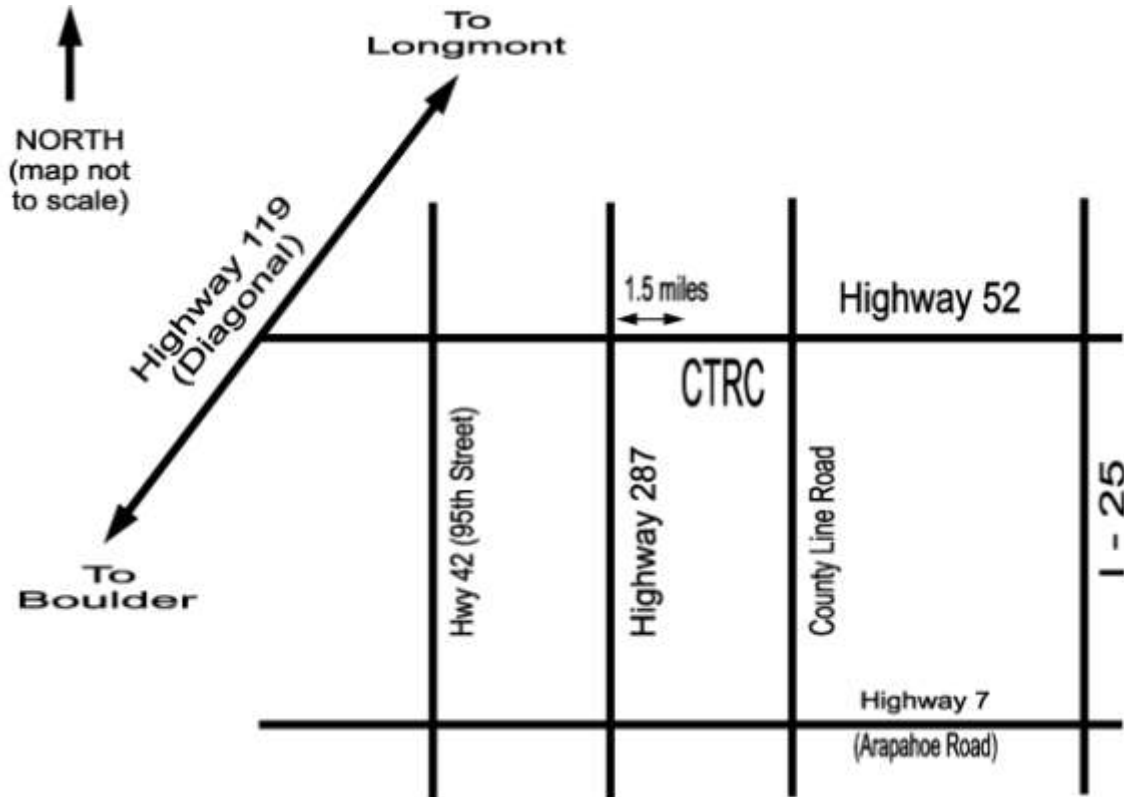
CTRC is located approximately 1.5 miles east of Highway 287 and 5 miles west of I-25 on Highway 52 (Mineral Road) in southeast Longmont. CTRC is on the south side of the road, one driveway east of The Tree Farm Nursery. You will see our large, beige facility from the road.

### **FROM DENVER:**

I-25 North to Exit 235 (Ft. Lupton/Dacono). Turn West on Highway 52. Go approximately 5 miles. CTRC is on the left hand side of the highway/1 mile after the County Road #1 intersection/light.

### **FROM BOULDER:**

Highway 119 North towards Longmont. Turn East at Highway 52 (also known as Mineral Road) by IBM. After crossing Highway 287, proceed 1.5 miles further. CTRC is on the right hand side of the highway just past the Tree Farm Nursery.



**PATH Intl. Instructor Workshop and/or On-Site Registered Certification**

**Workshop Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Daytime: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Please register me for the following:  Workshop only

***All participants of the Workshop must be PATH Intl. Individual Members.***

**To be completed by all participants:**

- I am a current PATH Intl. Individual member and have included a copy of my card. Membership # (required) \_\_\_\_\_
- I am not a current PATH Intl. Individual member and I have enclosed the \$45.00 membership fee payable to NARHA.
- I have enclosed my signed and dated PATH Intl. Liability Release and Emergency Medical Treatment Form.
- I have enclosed the Workshop fee of \$450 if registered by February 18, 2012; \$475 if registering late. No refunds.

***All application materials will be kept confidential and used for no other purposes than that required for PATH Intl. Workshop.***

**PATH Intl. Instructor Workshop and/or On-Site Registered Certification**  
**Authorization for Emergency Medical Treatment Form**

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in the PATH Intl. Instructor Workshop and/or On-Site Registered Certification Program, or while being on the property of the hosting PATH Intl. Center, I authorize the PATH Intl. Registered On-Site Faculty/Evaluators to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

In the event that I cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Non-Consent Plan**

I do not give my permission for emergency medical treatment/aid in the case of illness or injury during the process of participating in the PATH Intl. Registered On-Site Certification process or while being on the property of the hosting PATH Intl. Center. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**PATH Intl. Instructor Workshop and/or On-Site Registered Certification**  
**Liability Release Form**

I, \_\_\_\_\_, (*Candidate Name*) would like to participate in the PATH Intl. Instructor Workshop and/or On-Site Registered Certification. 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, it's Board of Trustees, employees and Faculty/Evaluators for any and all injuries and/or losses I may sustain while participating in the PATH Intl. Instructor Workshop and/or On-Site Registered Certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Candidate)*

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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 Certification, such as handling and working around horses. I understand that PATH Intl. and the Host Site recommends 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. Instructor Workshop and/or On-Site Registered Certification, I will need to apply for an exemption or accommodation as outlined in the Accommodation or Exemption Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Candidate)*



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## ***PARTICIPANT'S CONSENT & RELEASE FORM***

### **CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of, or while being on the property of, the Colorado Therapeutic Riding Center (CTRC), I authorize CTRC to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize CTRC to release my/my child/my ward's records to any individual involved in medical treatment and/or necessary transportation.

Participant's Name \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

or contact \_\_\_\_\_ Phone \_\_\_\_\_

or contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Name *(optional)* \_\_\_\_\_ Policy # \_\_\_\_\_

Date \_\_\_\_\_ Participant Signature \_\_\_\_\_

**LIABILITY RELEASE:** *Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.*

\_\_\_\_\_ *(Participant's name)* would like to participate in the Colorado Therapeutic Riding Center's (CTRC) program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against CTRC, its Board of Directors, Advisory Board, Instructors, Therapists, Aides, volunteers, employees, agents, and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward may sustain while participating in CTRC's program.

Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_

**PHOTO & PUBLICITY RELEASE (Optional):** I hereby consent to and authorize the Colorado Therapeutic Riding Center to use my/my child's/my ward's name in all audio, visual and written promotional material and to use and/or reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_



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## ***CONFIDENTIALITY POLICY***

The Colorado Therapeutic Riding Center, Inc. (CTRC) recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, CTRC has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with CTRC, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, CTRC staff, volunteers or others association with CTRC, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read and understand the CTRC confidentiality policy as described above and agree to observe its principles.

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

Signature: \_\_\_\_\_