



**PATH INTL. Registered Instructor Workshop and
Certification August 3rd-August 6th, 2017
Faculty: Liz Adams and Tasha Federinko**

Who should attend?

Anyone interested in learning more about Therapeutic Riding or to improve their skills as a Therapeutic Riding Instructor.

- Instructors in Training
- Therapeutic Riding Instructors who want continuing education
- Center Volunteers, Staff, Board Members

Topics to be covered in the Workshop include:

- Disabilities
- Rider posture and alignment
- Class structure and format
- Horse analysis and Volunteer Management
- Teaching Methodology and Techniques
- Lesson plan development

PATH Intl. offers three levels of Instructor Certification for therapeutic riding: Registered, Advanced and Master. This workshop/certification is for the Registered level.

In order to become a PATH Intl. Registered Instructor, you must successfully complete two phases of the certification process.

Phase One

Submit your Registered Instructor Certification Application form, a \$60.00 application fee, copies of current CPR and First Aid certification, and PATH Intl. membership number or membership application with membership dues to the PATH Intl. office. Submit a signed Equine Management Skills Checklist. Complete the online Standards Course and Exam, the Instructor Self-Study Course and exam, and the online Instructor Pre-Certification Self-Assessment exam.

A complete description and application form are contained in the Registered Certification Application Booklet available through PATH Intl. at www.pathintl.org or 1.800.369.7433. Any questions you may have regarding Phase One should be directed to the PATH Intl. office.

Upon successful completion of Phase One, you will receive a confirmation letter from the PATH Intl. office. At this point you are considered an Instructor-In-Training (IT). This designation is good for 12 months from the date of your Confirmation Letter. Within the 12 month period, you must complete all components to Phase Two.

Phase Two

- Complete 25 hours of teaching group mounted therapeutic riding lessons under the supervision/mentorship of a PATH Intl. certified instructor.
- Attend a Registered Instructor On-Site Workshop. Note- the workshop is valid for 2 years and may be taken separately from the certification.
- Successfully complete a Registered Instructor On-Site Certification. The certification consists of successfully completing a riding pattern (note: MTR has a candidate weight limit of 200 lbs) and teaching a 20-minute class.

PATH INTL. REGISTERED INSTRUCTOR WORKSHOP AND/OR CERTIFICATION

August 3rd-August 6th

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Height: _____ Weight: _____

*(*For certification candidate horse assignments- MTR can accommodate riders up to 200 lbs)*

PATH Intl. Membership Number: _____

*(*Must become a PATH Intl. Member to attend the workshop. Visit www.pathintl.org)*

Special Dietary Needs: _____

Please register me for the following:

Workshop ONLY \$400.00 _____

August 3rd-August 5th

Workshop AND Certification \$700.00 _____

August 3rd-August 6th

Certification ONLY \$350.00 _____

August 5th and August 6th

The workshop is 2.5 days. Cost includes breakfast and lunch each day in addition to workshop materials. Certification candidates must provide their own breakfast and lunch on Sunday.

Upon receipt of the registration forms and payment, MTR will send certification candidates the PATH Intl. Phase Two Packet.

Registration Deadline: July 1st, 2017

Due to the interest and demand in this OSWC event, course may fill ahead of deadline

Lodging: The closest hotel to MTR is the Country Inn & Suites by Carlson: 1.410.571.6700

Cancellation and Refund Policy:

A fee of \$75.00 will be charged for any cancellations up to June 15th, 2017. Refunds will be provided for cancellations after June 15th, 2017 only in cases of documented illness or injury.

Kelly Rodgers
1141 Sunrise Beach Road
Crownsville, MD 21032
kelly@mtrinc.org

*Make checks payable to: Maryland Therapeutic Riding

*Call 443.494.3018 to pay via Visa or MasterCard

Registration deadline: July 1st, 2017

**Maryland Therapeutic Riding
Registration and Release**
PLEASE COMPLETE ENTIRE FORM

First and Last Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

DOB: _____ **Cell Phone:** _____

Text Messages: No Yes

Preferred Method of Contact: Cell Phone Email Text Message

E-mail: _____

Photo Release:

___ I hereby consent to and authorize the following; ___ I do not consent to, nor do I authorize: Maryland Therapeutic Riding, Inc.'s use and reproduction of any and all photographs and other audiovisual material taken of me for promotional printed materials, social media, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Release of Liability:

I recognize that horseback riding, assisting in riding lessons, caring for, and being in the near vicinity of, horses are high risk activities. I hereby agree that my involvement in such activities and/or my presence on MTR premises is at my own risk. I hereby release MTR, its officers, employees, volunteers and agents from any and all liability arising out of my participation in such activities and/or my presence on MTR premises (including costs and attorney's fees) regardless of whether or not liability is premised on negligent actions or omissions of such released parties or otherwise. I hereby agree to indemnify and hold harmless MTR, its officers, employees, volunteers and agents from any and all suits, actions, claims of any type arising out of my involvement in such activities and/or my presence on MTR premises whether or not such suits, etc. are premised on negligent actions or omissions of such indemnified parties or otherwise.

I have read this agreement and fully understand its contents.

Signature: _____ **Date:** _____

Confidentiality Policy:

Any information in regards to the participants of MTR including: riders, volunteers, horses, and personnel shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal, and/or financial information. Information concerning students will be shared on a need to know basis. Disclosure of any confidential information shall not be released to anyone not associated with MTR. Individuals on the property must seek staff permission prior to taking any pictures or videos.

Signature: _____ **Date:** _____