

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. Professional membership is **current**.
- 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 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:

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

Payment Information:

Cost of workshop: Tuition covers workshop, horsemanship skills test, 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 2022 Participant 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.
(Participant'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: _____
(Participant'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: _____
(Participant's signature)





AUTHORIZATION FOR IMAGE USAGE

I hereby irrevocably grant to the Professional Association of Therapeutic Horsemanship International (PATH Intl.) ("Organization") the right in perpetuity throughout the world, and in all now known and hereafter existing media, and in any language, to use my name, photograph, picture, video, physical likeness and/or voice for any reasonable purpose, including the organization's exhibition, distribution, or promotion of the organization on any media platform that exists now or in the future.

I agree that the foregoing grant includes the right to use my physical likeness in any form, including, without limitation, a photograph, picture, video, artistic rendering, silhouette or other reproduction by photograph, film, tape, or otherwise.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof, and intending to be legally bound I have signed this authorization.

Date: _____

Print Name

Signature



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND IDEMNITY AGREEMENT

I, _____ ("Participant"), hereby acknowledge that I have voluntarily elected to participate in the _____ Equine Activities ("Program/Activity"), to be held in and around _____ The Centenary Equestrian Center _____ (location), from _____ (insert date(s)). **In consideration for being permitted by Centenary University to participate in the Program/Activity, I hereby acknowledge and agree to the following:**

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary and that my participation is not required by the college.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with Centenary University's policies and procedures. I further agree to abide by all the rules and requirements of the Program/Activity. I acknowledge that the college has the right to terminate my participation in the Program/Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Program/Activity, or for any other reason in the University's discretion.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Program/Activity, including but not limited to traveling to and from Program/Activity site via private vehicle, common carrier, and/or University owned vehicle, conditions of facilities, injuries due to conditions of equipment, weather conditions, facility conditions, wildlife, negligent first aid operations, and there may be other risks not known to me or not reasonably foreseeable to me at this time. In addition, I understand that as a participant in the Program/Activity events, I will engage in physical activities, practicing, training, observing, and competing in Program/Activity events, during which I could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only Centenary University's actions or inactions but also the actions, inactions, negligence or fault of others, conditions of the equipment used, facility conditions, weather conditions, negligent first aid operations and procedures and I understand that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility except for those occurrences due to the CENTENARY University's negligence or intentional acts.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Centenary University, its governing board, directors, officers, employers, agents, volunteers, and any students (hereinafter referred to as "Releases") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgements of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my own negligent acts.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Program/Activity, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that these potential risks are including but not limited to activities such as, practicing, training, observing, traveling to and from Program/Activity site via private vehicle, common carrier, and/or University owner vehicle, injuries due to condition of equipment, weather conditions, facility conditions, wildlife, negligent first aid operations of Releases, and other risks that are unknown at this time.

In addition, I understand that there are risks attendant to physical activities and that there are potential dangers which may expose me to the risk of personal injuries, property damage, or even death. I am aware that the Program/Activity can be a vigorous activity involving severe cardiovascular stress and/or violent physical contact. I understand that Program/Activity activities involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damages, and serious injury to virtually all bones, joints, muscles, and internal organs, and that protective equipment may be inadequate to prevent serious injury. I further understand that Program/Activity involves a particularly high risk of knee, head, and neck injury. In addition, I understand that participation in the Program/Activity involves activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I understand that these potential risks include, but are not limited to; travel to and from Centenary University, via private vehicles, common

carriers, and/or Centenary University owned vehicles, or local transportation, weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of Releases, and other risks that are unknown at this time. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR NEGLIGENT ACTS, and assume full responsibility for my participation in the Program/Activity.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releases from any and all liability, including any and all claims; demands, causes of action (known or unknown), suits, or judgements of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Program/Activity, REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE OR INTENTIONAL ACTS.

PERSONAL MEDICAL INSURANCE: I agree to purchase and maintain during the term of the Program/Activity personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Program/Activity.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Program/Activity and I do not have any medical record of history that could be aggravated by my participation in my particular sport

MEDICAL CONSENT: I understand and agree that the Releases may not have medical personnel available at the location of the Program/Activity. In the event of any medical emergency, I (initial one) do ____ do not ____ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the CENTENARY UNIVERSITY personnel deem necessary for my safety and protection. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of New Jersey.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AND ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

SIGNATURE OF PARTICIPANT

DATE

Signature of Parent/Guardian for Participants under eighteen (18) years of age:

I certify that I have custody of participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS A GREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I join with Participant in granting a release to Releases as set forth in detail above.

SIGNATURE OF PARTICIPANT

DATE



**WAIVER OF LIABILITY AND RELEASE
EQUESTRIAN ACTIVITIES**

In consideration of being permitted to participate in the following activities of Centenary University: working or shadowing in the vicinity of and/or with horse(s) and in full recognition and appreciation of any dangers and risks inherent in such activities, I do hereby waive, release, forever discharge and hold harmless Centenary University, its officers, trustees, representatives, agents, students and employees (collectively the "University") from and against any and all claims, demands, losses, liabilities, or action for costs, expenses or damages to personal property or personal injury or death which may result from my participation in these activities whether on or off Centenary University property and regardless of the animal's owner.

I understand and admit that my participation in these activities is voluntary. I assume full responsibility for any injuries or damages resulting from my participation including responsibility for using reasonable judgment in all phases of participation of the activities and travel to and from locations. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am capable of participating in such activities. In the event that I need medical treatment, I hereby consent and authorize such treatment and agree to be responsible for the cost of any medical services. I acknowledge that it is the recommendation of the University that I obtain general medical/health insurance if I am not already covered.

I understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself. This Waiver of Liability and Release shall be governed by the laws of the State of New Jersey. I acknowledge that I have read and understand this entire Waiver of Liability and Release, sign it voluntarily and I agree to be legally bound by it.

If I am under the age of eighteen (18), my parent or guardian also signs below to give permission for me to participate in shadowing activities and also agrees to be legally bound by the terms of this entire Waiver of Liability and Release.

Please see attached summary of the New Jersey equine activity liability statute.

Participant's Printed Name

Participant's Signature

Date

Witness' Name and Witness' Signature

Parent or Guardian Required if Participant Engaging in Shadowing Activities is under age 18

Name

Signature

Note: Shadowing involves accompanying and observing, especially in a professional setting.



Marketing and Public Relations
Centenary University
200 Jefferson Street
Hackettstown, NJ 07840

Photograph and Publicity Release Form

I, _____, voluntarily agree to participate in the making of publicity material produced by Centenary University's Office of Marketing and Public Relations.

In consideration of my participation, I hereby give Centenary University permission to use my name, likeness, image, voice and appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, print production, testimonials and the like ("Promotional Media"), taken or made by or on behalf of Centenary University, its agents or assigns. I agree that Centenary University has complete ownership of the Promotional Media, including the entire copyright and may use and edit such media in its entirety, or any portion thereof, for any purpose consistent with its mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, websites, videotapes, reprints, reproductions, publications, advertisements, classroom exercises, coursework, course guides, catalogues, handbooks, Viewbooks and any other promotional, marketing and educational materials in any medium now known or later developed, including the Internet. I further agree that Centenary University staff photographers shall retain the rights to all "outtakes" and can make duplicates of original images for his or her individual self-promotion and staff portfolios.

I acknowledge that I will not receive any compensation for Centenary University's use of the Promotional Media and I hereby waive any and all claims for remuneration in any form for my performance or service in connection with the making of the Promotional Media. I understand that upon request, I shall receive screen credit for my participation.

I hereby release Centenary University and its directors, officers, agents, employees and assigns from all claims which arise out of or are in any way connected with the use of the Promotional Media described herein. I further acknowledge that this consent and release is of perpetual duration.

I certify that I am 18 years of age or older. I have read and understood this consent and release.

Print Name

Signature

Date

Address

Telephone Number

Email Address

Consent for Emergency Treatment and Emergency Information

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Physician: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

In an effort to provide the best emergency medical response possible:

I am allergic to the following medications: _____

I have the following on-going medical conditions (diabetes, seizures, etc.):

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize TRAC and/or Centenary University to: (1) Secure and retain medical treatment and transportation if needed, and (2) Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Signature: _____

Date: _____