

Pathways

An Experiential Learning Program for Adolescents



Horses are dynamic, graceful and gentle creatures. It is the horses' sensitive and intuitive nature that allows them to reflect the feelings of others, provides us with valuable information about ourselves and helps create new perspective.

The Pathways program is a six-week program for ages 12-19, which incorporates experiential activities with Hidden Acres therapy horses and professional staff in an engaging and supportive environment. The program curriculum is designed to teach skills that will help deal with the everyday challenges of adolescent life.

Each weekly 90-minute session with the horses carries a central theme with supportive activities designed to address key life skills such as critical thinking, effective communication, building trust and empathy, and working with others in a cooperative way. Previous horse experience is not required. All activities are unmounted.

From Pathways participants –

“It is completely life changing and makes you realize that you are capable of so much more than we all think.” – a 15 year old

“This program is a spiritual journey. It’s not only with the horses but also ourselves.” - from a 13 year old who began Pathways withdrawn but finished feeling confident, communicating effectively and showing compassion.

Four (6-week) sessions are available for 2016

Session I dates: 4/7, 4/17, 4/21, 4/28, 5/5, 5/12 Session II dates: 5/19, 5/26, 6/2, 6/9, 6/16, 6/23
 Session III dates: 6/30, 7/7, 7/14, 7/21, 7/28, 8/4 Session IV dates: 9/15, 9/22, 9/29, 10/6, 10/13, 10/20

Join us at Hidden Acres Farm, 45 Gabriel Drive, Naugatuck CT 06770

Participants will take part in hands-on ground exercises, not riding. To register, complete bottom portion & return with payment. Cost: \$165 per session. Email questions to: hiddenacres2@gmail.com

Complete bottom portion & return

Please register my child for Pathways session (check one)

Session I
 Session II
 Session III
 Session IV

Name: _____ Age _____ Grade _____

Address: _____ Zip _____

Tel _____ Email _____

*additional paperwork will be required once registered.

Please make check payable & return to: Hidden Acres TRC, PO Box 1879, Naugatuck, CT 06770
www.hiddenacrestrc.org

**HIDDEN ACRES THERAPEUTIC RIDING CENTER, LLC
SPECIALTY PROGRAM
LIABILITY RELEASE & AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Participant Name: _____ D.O.B. _____ Age: _____
Weight: _____ Height: _____ Diagnosis/Disability(if applicable): _____
Street Address: _____ Town _____ zip _____
Home Phone: _____ Cell _____ Email _____
Parent/Guardian/Contact Name: _____
Billing address (if different from part.) _____
School/ Institution Presently Attending: _____ How did you hear about us: _____

Demographic Info. As a non-profit, Hidden Acres relies on funding sources that require this information.
Please check: Male Female Veteran yes No
Household Income: below \$15,000 \$15,000-24,999 \$25,000-39,999 \$40,000-54,999 \$55,000+
Ethnicity: white African-Amer. Asian Nat. Amer. Hispanic Other

EMERGENCY INFORMATION - In the Event of an Emergency:

Preferred Medical Facility: _____
Primary Emergency Contact: _____ Relationship: _____
Phone: () _____ Alternate name &ph: _____
Health Insurance Co: _____ Policy #: _____

Please list any food or other allergies, medications, or current health concerns: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & CONSENT PLAN

In the event that 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 Hidden Acres Therapeutic Riding Center to: Secure and retain medical treatment and transportation, if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) listed cannot be reached.

Date: _____ Consent Signature _____
Client, parent or legal guardian

PHOTO & PR RELEASE (please check one) I hereby consent to and authorize, or I do not consent to, nor do I authorize, the use and reproduction of any and all photographs and other audiovisual materials taken of me by Hidden Acres Therapeutic Riding Center, LLC for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____
Client, parent or legal guardian

LIABILITY RELEASE (Required): _____ (Part.Name) would like to participate in the Hidden Acres Therapeutic Riding Center, LLC Program. I acknowledge the risks and potential for risks of horseback riding and equine activities including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Hidden Acres Therapeutic Riding Center, LLC its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release for in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ Signature: _____
Client, parent or legal guardian



Dear Parent,

Horses are sensitive and non-judgmental creatures, and they provide excellent format for teaching valuable life skills to adolescents in a supportive environment.

While at Hidden Acres, participants will take part in experiential learning activities with horses conducted and supervised by certified equine professionals. **Each of these ground activities (not riding) are designed to address specific life skill goals. Weekly participation is critical for this program to be beneficial.**

Most of the activities take place outdoors, **so please have your child wear jeans, a jacket and sturdy footwear.** The attached paperwork is required for your child to participate.

Sincerely,

Jeanna

Jeanna Pellino
Program Director
Hidden Acres Therapeutic Riding Center
Email: hiddenacres2@gmail.com
Website: www.hiddenacrestrc.org

**Hidden Acres - Precautions & Contraindications Information
For Equine-Assisted Learning**

Child's Name: _____ DOB: _____

In the interest of safety, please note the following may suggest special consideration prior to participation in equine-assisted activities. **Please check any/all conditions which are present:**

History and Current Physical

Orthopedic restrictions or limitation

Cardiac Conditions

Asthma or respiratory condition

Allergies

Medical Instability

Neurologic

Active seizure disorder

Diabetic

Other: _____

History of /Current Psychological

Animal Abuse

Perpetrator or Victim Physical/Sexual/Emotional Abuse (Please specify)

Danger to self or others

Fire Settings

Substance Abuse

Thought Control Disorders

Other: _____

Parent signature: _____ **date:** _____