

September 17 – 23, 2023

Diamondfly Ranch, Star Valley, WY (Jackson Hole)

(arrival afternoon September 17 – light supper and orientation; departure September 24 after breakfast)

\$2195 includes shared lodging, instruction, horses, snacks, art supplies, and all meals

Instructors:

Priscilla Marden, co-founder Horse Warriors™; CEIP-ED; ESMHL; TRI

Nancy Waite-O'Brien, owner of Wind Horse Crossing, Inc. and formerly Vice President of Clinical Services at the Betty Ford Center; Licensed Psychologist (PhD.); CEIP-MH; SEP

What makes this course different?

Low student:teacher ratio:

We only take 6 students per course so you get a lot of individual attention throughout the day.

High number of class hours:

Classes run from 8 AM – 9 PM each day.

The Practice of Theory vs. the Theory of Practice:

Only so much can be learned from lectures and webinars. This workshop includes lots of hands-on horse time. You will be doing. And doing. And doing.

Riding Based Program:

This workshop includes a lot of riding and groundwork time so you can experience both options first hand, in order to confidently create a curriculum that includes a broad array of options for your clients.

Inclusion of Your Expertise:

We like to honor the combined skills and experience of the group. Although there is a structured curriculum for this workshop, every participant brings something of value to our time together. We want to make sure you get as much information and concrete experience as you can possibly get out of your time and money, so we encourage sharing of multiple perspectives.

It's not about us:

We aren't selling you our latest books, DVDs, special halters or carrot sticks. We are helping you develop the expertise you want for your own programs, clients, and equine professional enhancement.

We incorporate multiple approaches:

Every person, program, horse and client is unique. This isn't formula training. This is about helping you enhance and expand your individual professional goals.

No searching for cheap hotels and bad road food:

You stay in a welcoming, home setting, with lovingly prepared, delicious, (primarily) organic meals and snacks - all included in your tuition. The ranch setting is warm and inviting and the scenery is breathtaking. Clear, black, night skies make for stunning star viewing, too!

An awesome herd of loving horses:

We are fortunate to have 24 very personable horses who live together in a pasture setting. They love working with our participants and give 100% of their personalities to their teaching.

Lifetime Experts:

Priscilla Marden and Nancy Waite-O'Brien are lifetime horsewomen, highly credentialed in this field, and have many decades of experience teaching and managing successful EFL/EFP programs. They LOVE this work and are always eager to help others learn and excel. They continue to support participants, even years after the course is over, at no additional charge.



PROFESSIONALS' TRAINING

P.O. Box 602 • JACKSON HOLE • WYOMING • 83001

PHONE: (307) 883-7464 • CELL: 307-690-6124

EMAIL: HORSEWARRIORS@WYOMING.COM

ENROLLMENT FORM

Name: _____

Address: _____

Phone: _____ e-mail: _____

Tuition enclosed: \$2195.00: _____

Payment by CC can be made online at www.horsewarriors.com - please add 3% processing fee. You can also pay by Venmo: @horsewarriors and avoid the fee

REFUND POLICY: Full refund, less \$100 processing fee, if cancelled 90 days prior to start of course. After that refunds will only be given if your space is filled by another attendee. This is due to scheduling of instructors and plane travel.

Please describe your level of expertise and competency with horses:

Please describe your experience - professional, para-professional or client - in the field of healing (including traditional medical practices, alternative healing, self-healing, spiritual healing, art therapy, conscious language, energy work, visualization):

Please share your expectations and goals for participating in this program:

(Horse Warriors has a 185 lb. weight limit for riders due to horse sizes and riding terrain)

HORSE WARRIORS™

Box 602 • Jackson • WY • 83001 (307) 733-7464; 883-7464 CELL: (307) 690-6124

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 HORSE WARRIORS™ to:

1. Secure and retain medical treatment and transportation if needed.
2. 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) above is unable to be reached

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian

Participant's Application & Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ E-mail: _____ Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency) _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

PHOTO RELEASE

I DO

DO NOT

consent to and authorize the use and reproduction by HORSE WARRIORS™ of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Client, Parent or Legal Guardian



WAIVER, CONSENT AND LIABILITY RELEASE

This document contains important information about your rights. Please read it carefully. If you do not understand it, we encourage you to consult with an attorney regarding its meaning. If you do not understand it, do not sign it.

In agreeing to voluntarily participate in **Horse Warriors/CIREQUUS™** activities, and in signing this document, you are acknowledging that there are dangers or conditions that are characteristic of, intrinsic to, and an integral part of horseback riding and any other equine activity.

I acknowledge and understand that when I take part in horseback riding or other equine activity as part of my participation in **Horse Warriors/CIREQUUS™**, I assume the inherent risks in that activity, whether those risks are known or unknown. I acknowledge and understand that I am legally responsible for any and all damage, injury or death to myself or other persons or property that result from the inherent risks of the activity. I also understand that **Horse Warriors/CIREQUUS™** is not required to eliminate, alter or control the inherent risks of horseback riding or other equine activities.

Participant

Date

Parent (if participant is a minor)