



**Healing Horses Therapeutic  
Center  
EQUINE ASSISTED  
PSYCHOTHERAPY  
CERTIFICATION  
REGISTRATION FORM**

337 Vine Street  
Hartford, CT 06112  
Office#: (860) 293-2914  
Fax #: (860) 293-0039  
E-mail: [info@ebonyhorsewomen.us](mailto:info@ebonyhorsewomen.us)  
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**Mental Health Profession**

**Horse Specialist Check here**

Please **print** clearly. All information is kept confidential.

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

DOB: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work#: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Phone # (home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Emergency Contact name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: " No " Yes list: \_\_\_\_\_

**Fees and Form of Payment method:**

\$1100.00 - Certification for Mental Health Professional;

\$ 700.00 – Certification for Horse Specialist

\$ 750.00 - Renewal Fee for Mental Health Professional

\$ 300.00 - Renewal fee for Horse Specialist

**MENTAL HEALTH PROFESSIONAL**

Deposit due with Registration - \$750.00

Due at Workshop \$350.00

**HORSE SPECIALIST**

Deposit due with Registration - \$450.00

Due at Workshop \$250.00



Please list all degrees, institutions and Post- Graduate degrees

Please list all Mental Health Professional State Licenses:

No. \_\_\_\_\_ State Issued \_\_\_\_\_ Date: \_\_\_\_\_

**HORSE SPECIALIST CERTIFICATION**

Are you a certified under any other program?

If yes, who: \_\_\_\_\_

What level:

- Therapeutic riding instructor, level:
- Driving, \_\_\_\_\_ level: \_\_\_\_\_

Equine experience?

Please tell us about any certifications you have with other professional equine organizations

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Organization: Level:

Are you now or have been you ever been affiliated with an equine mental health or educational program?

If yes, what are/were, what were the role and/or duties?

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Do you have experience working in mental health?

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Please describe any other equine work experience?

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Please describe your experience with horses (please include any riding experience)

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(Need more space? Please attached more explanation on separate sheet and mark as Exh. A)

Do you have any special needs or dietary requirements, while you are at the 2-day training? (Please check all that apply) \*

- Vegetarian
- Gluten-Free
- Nut Allergy
- Vegan



- Other

Please use this space to provide any further information you feel may be relevant

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Please email a copy of your most current resume to [info@ebonyhorsewomen.us](mailto:info@ebonyhorsewomen.us)\*

Declaration \*

DECLARATION: By typing my name in the Applicant Electronic Signature box above, I declare that all the information I have provided is true and complete to the best of my knowledge and that Ebony Horsewomen, Inc has my permission to obtain all necessary information from the references I have listed concerning my past work.

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experience and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice from me. I understand that this application does not constitute a contract of any kind. Should the Ebony Horsewomen, Inc register me, I may terminate such enrollment at any time.

I have read and agree to the above statement and understand that by entering my name, I agree to the terms.

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Signature

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Date

*(please take a photo of this page, and Photo Release and Liability page only with your signature and upload it to the email back to Ebony Horsewomen, Inc.)*

Ebony Horsewomen does not and shall not **discriminate** on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. ... Ebony Horsewomen, Inc. is an equal opportunity **employer**.





## Healing Horses Therapy Center

### Equine Assisted Psychotherapy Certification Photo and Liability Release Form

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

- Photo Release:**       I hereby consent to and authorize  
                                   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 Ebony Horsewomen, Inc. (Healing Horses Therapy Center) for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. No compensation will be provided for use of consent.

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

**THE EBONY HORSEWOMEN, INC.**  
**LIABILITY WAIVER**

I \_\_\_\_\_ acknowledge that I am allowing my child \_\_\_\_\_ to participate in Ebony Horsewomen, Inc /Healing Horses Therapeutic Center program, certifications, trainings and or activities which include working around horses and all related activities. I understand all the risks thereof and specifically I understand that there is a risk in horse related activities and particularly in riding or working around horses. Also I the undersigned hereby releases and forever and discharge from liability, The Ebony Horsewomen, Inc., The City of Hartford, Diversified Equus Corp, volunteers, the directors, officers, staff and members, its administrators, agents, assigns, employees and all other persons, firms, corporations, funders and educational institutions, who it might be claimed to be liable, none of whom admit any liability from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from any accident which might occur as a result of any horse back riding activities and any other activity sponsored , conducted or given by **The Ebony Horsewomen, Inc.**

I waive any claims of liability against the **Ebony Horsewomen, Inc.**, directors, officers and members. Staff, employees and the City of Hartford, Diversified Equus Corp, Volunteers or any associated stable or company resulting in injury or harm from acts occurring as a result of neglect or fault, from circumstances known, unknown of should have known. of the stable.

I the undersigned hereby declares that the terms of this waiver have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, stipulated or otherwise, on account of the injuries and damages above mentioned, and for the express purposes of precluding forever any further or additional claims arising out of any possibility of accident of the undersigned. It is further agreed that the release expresses a full and complete settlement of liability, regardless of the adequacy of the aforesaid and that the acceptance of this release shall not operate as an admission of the liability on the part of anyone, nor as estoppels, waiver, or bar with respect to any claim the part or parties release may have against the undersigned.

**Physical Contact: If horseback riding is pursued, I understand that** horseback is a sport that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact. This release is binding on my heirs, executors, assigns and administrators. This is a voluntary release for any and all future injuries or accidents. The undersigned is aware of the risks of attending, traveling to and participating in activity sponsored, given or conducted by the **Ebony Horsewomen, Inc.** and all other events and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

\*UNDER CONNECTICUT LAW, EQUINE ACTIVITY OWNER/OPERATORS ARE NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES THIS NOTICE IS POSTED ON THE STABLE

**I attest that I am the legal guardian of the above named child and I have read and understand all of the above on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

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



**Course Instructors:** Certified Horse Specialists, Veterinarians, Psychologists, Certified Equine Therapist and Horse Trainers.

**Mental Health Profession Pre-requisites:** Licensed Clinical Social Workers (**LCSW**), Licensed Marriage and Family Therapists (**LMFT**), Licensed Professional Counselor (**LPC**), Licensed Alcohol and Drug Counselor (**LADC**)

**Horse Specialists Pre-requisites:** A minimum of four years and/or no less than 4000 hours of consistent work with horses

**Mental Health Professional Certification Fee: \$1100.00 (Certifications for three years)**

**Horse Specialist Certification \$700.00**

**Mental Health Professional**

**Renewal Fee (\$750.00)**

**Two-Day Certification Schedule:**

**April, 17 and 18, 2021**

**July, 17 and 18 2021**

**September, 18 and 19 2021**

