REACH OUT TO HORSES®

HOLISTIC HORSEMANSHIP CERTIFICATION PROGRAM APPLICATION



JOIN OUR TRIBE

Reach Out to Horses Comprehensive Holistic Horsemanship Certification Training Program 2022

APPLICATION FORM ATTENDEE'S ENROLLMENT INFORMATION

Welcome to the Holistic Horsemanship Comprehensive Training Program and congratulations on your decision to apply to one of the most demanding and intensive equine experiences on the planet. We are excited and honored to be able to assist you on your journey towards true, trust-based partnership with all your horses, through collaborative training and husbandry. We are confident that, although it will be hard work at times and test you in ways you may not even yet realize, you will come away from this life-changing experience with the skills you need to take your horsemanship, and even your life, to a whole new level.

When we say life-changing, we do not use that phrase lightly. Anna has taught this program to hundreds of people and the methods to thousands. We have seen the results they have achieved and the effect this training has had on those with an open heart and an open mind. Our program participants are profoundly impacted and see not only equine training and horses in a new light, but also themselves and the very world in which they live. It is a powerful experience that you will remember and treasure for the rest of your life.

This application is intended to give us a solid understanding of who you are, your experience, your intentions, your goals, and your expertise, so we can cater this program to you and your needs. Please take the time to complete it as thoroughly and as honestly as you can. There are no wrong answers. The more we get to know you, the better we can create the program that fits you.

Initial registration and payments can be made online, or by calling or e-mailing the Reach Out to Horses® office. Those wishing to bring their own horse must send in the attached application form, which must meet the requirements listed below. Upon submitting your application, please include a photo of yourself.

We look forward to working with you and having you as a member of our growing family of people who make the world a better place for horses and humans alike. Thank You and we will see you soon!



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PLEASE PRINT AND FILL OUT THE FORM BELOW:

Name:	
Address:	
City:State:Zip:	
Country:	
Current Occupation:	Age and Date of birth:
Email Contact tel	lephone number
Contact persons name:	Telephone number:
Please share your horsemanship experience with us	5:
Describe your natural horsemanship level:	Comments
Beginner Intermediate	Advanced
Describe your horsemanship level:	
Beginner Intermediate	Advanced
What is your knowledge and experience with holis	tic horsemanship:
DVDs Books:	
Demonstrations:	



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Lectures:
Teleseminars and webinars:
Classes & clinics:
Courses & Certification:
Online workshops:
Please share your current ROTH experiences with us:
Do you follow us on social media? YES/NO If yes, which channel?
Please let us know how we stay connected:
How, from whom, and where did you hear about the ROTH experience?
What attracted you to this particular course?
Is natural horsemanship your riding style of choice? Please explain:

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Name any non-horse related experiences that you feel will assist you in these methodologies:
Are you involved with EFL/EAL/equine coaching? If so, please share your training with us:
How does this course support your horsemanship vision?
How does this course assist you in creating your future hopes and dreams?
Have you ever worked with or apprenticed for a trainer? If yes, with whom have you worked and in what capacity?
Would you be interested in interning with us? YES/NO (circle one) If so, in what capacity?
When and how long?
Are you seeking to become part of the ROTH Tribe long term? YES/NO
Tell us a little bit more about yourself:
Do you have any illnesses, learning difficulties, or physical disabilities of which we need to be aware? (If yes, please obtain a letter from your doctor stating that you are able to participate fully in this course and any special physical or emotional needs or concerns you may have.)

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Helmets are required for participants in contact with horses both during groundwork and when riding. Due to class time constraints, there is no guarantee as to the specific amount of time a participant will spend with instruction.

All applicants must sign the attached release.

Minimum age of participants is 18 years old. Enrollment is limited.

HORSE ENROLLMENT INFORMATION

We encourage you to participate in the course fully by handling a wide variety of horses offered during the course and not just your own. If you wish to bring a horse to class, please provide the following information:

Name of Horse:	Arrival Date:
Age:Sex:Breed:	Date of Flu/Rhino Inoculation:
Stabling Requirements:	
Feeding Requirements:	
Special Arrangements:	
Reason for attendance:	
Problem solving issues (if applicable):	
Horse's Discipline & knowledge:	

Horses participating in the clinics must meet the listed requirements below:

- Minimum age is 2 years old (24 months)
- Halter broken
- Sound with hooves in good condition
- Free of injury or disease and have normal vision in both eyes
- Current Inoculations: Negative Coggins (within 6 months)

Required if coming from out of state and negative vesicular stomatitis statement from veterinarian if coming from Arizona, New Mexico, or Texas.



The communication system is beneficial to any horse, but due to the nature of the clinics and classes and for the safety of all participants, we retain the right to refuse participation of a particular horse in any clinic at any time if he or she is deemed unfit, unsuitable, or dangerous. Owners of horses that have been refused participation will not be reimbursed – it is their responsibility to ensure their horse is suitable for this program. If you have any concerns, questions, or doubts about the suitability of your horse, please talk to Anna directly before you submit your applications. Send all questions, concerns, or doubts to info@reachouttohorses.com. Only pre-approved horses will be allowed into the program and used during the training.

PAYMENT

To reserve your space, arrangement of full payment of enrollment fee is required. A number of payment options are available for enrollment. Please go to http://www.reachouttohorses.com/courses.html for payment option details. Attendees of the ROTH HHC may pay by cash, check (please make all checks payable to Reach Out to Horses), MasterCard, Visa, PayPal, or Bank Transfer.

Regardless of payment option, tuition must be paid in full no later than one month prior to the first day of the program.

If enrolling with a horse, you must mail or fax your application. If not bringing a horse, you may register for a clinic by calling the office directly or by mailing an application. Upon receipt of payment, space for the requested class dates will be reserved pending availability.

REFUND & CANCELLATION POLICY

- 1. Because we organize all course resources based on the participants attending, all payments and deposits are non-refundable and non-transferable.
- 2. If a student fails to attend a class, for any reason, the student will not be entitled to any refund.
- 3. All clinics and workshops will be confirmed by ROTH a minimum of 21 days prior to the scheduled date. Reach Out to Horses® reserves the right to cancel any clinic or workshop for any reason, at any time. In the event of a cancellation by Reach Out to Horses®, all clinic or workshop fees will be returned in full to the student. Reach Out to Horses is not responsible, nor will it reimburse for, any travel or lodging arrangements or payments made for any clinics or workshops. Once completed, please e-mail your application to: info@reachouttohorses.com

or mail it to: Reach Out to Horses 5911 Big Level Rd. Mill Spring, NC 28756 Tel: (828) 848-8877 www.reachouttohorses.com

Advocacy



HORSE OWNER RELEASE AND INDEMNIFICATION AGREEMENT

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Name of Horse Owner:
Address:
E-Mail:
Name(s) of Horse(s):
Phone:
I understand that Anna Twinney, the Reach Out to Horses* program, and its respective directors, officers, agents, successors and assigned (collectively, the "Trainers") will be performing horse training demonstrations with previously untrained horses. I have read the "Criteria for selecting demonstration horses" and I represent and warrant that the horse(s) named above meet(s) the criteria set forth therein and that I am the lawful owner of such horse(s). I desire that the Trainers use my horse(s) in the demonstrations on the terms and conditions of this agreement. I understand that the Trainers may, but have no obligation to, use my horse(s). I represent and warrant that, with respect to each of my horses, I currently maintain occurrence basis general liability insurance of \$ per occurrence for any death, injury or damages caused by, or related to, said horse(s). I agree to maintain such insurance through the dates of the demonstrations and to name the Trainers as additional named insured parties on all such insurance policies. I relinquish, release and discharge the Trainers from any and all rights, claims, and actions that I now have or that I may have in the future against any of them relating in any way to my horse(s) or the demonstrations. I hereby waive the application of any law that states that a general release does not extend to claims that the releasing party does not know or suspect to exist in his favor at the time of executing the release. I understand that the consequence of such waiver is that I will not be able to make any claim against any of the Trainers for damages I may suffer that relate in any way to my horse(s) or the demonstrations. I agree to indemnify, defend, and hold the Trainers harmless from and against any and all losses, claims, damages, costs, expenses (including attorneys fees and costs) and other liabilities incurred by any of them relating in any way to my horse(s). I grant to the Trainers the right to use images (digital, photographic and any other kind) of my horse (s) i
Signature Date



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PARTICIPANT RELEASE AND INDEMNIFICATION AGREEMENT

Name of Participant	:	
Address:	*	
Email:	Phone:	Date of Birth:
ly dangerous activities	s that may result in damage to	horses and/or related equipment (the "Activities") are inherentmy property, bodily injury to me, and/or my death. I knowingly eable or unforeseeable, or patent or latent) of participating in the
this course, other than Anna Twinney. I relinquish, release ar officers, agents, success now have or that I man hereby waive the application of the partial nonsideration for man application application of the partial nonsideration for man application application application of the partial nonsideration for man application applicati	a private use, is strictly prohibited discharge Anna Twinney, The sors and assigned (collectively by have in the future against any lication of any law that states the sect to exist in his favor at the twill not be able to make any claim or the demonstrations. In the defend, and hold the Trainers has torneys' fees and costs) and other trainers the right to use imagenesizes and without the payment proceeding relating to the demonstration of this agreement provision shall be ineffective to applicable law, such prohibiting is one of this agreement. This agreement may be amended, more seconstituting the Trainers contyphorse(s) being used in, or being used	constrations of this agreement, the prevailing party shall be awarded expenses, to resolve the dispute and to enforce the final judgment. It is shall be interpreted in a manner as to be effective and valid under the extent of but if any provision of this agreement shall be prohibition or invalidity without invalidating the remainder of such provision agreement shall be binding upon my executors, heirs and assigns. Dedified, supplemented, changed, waived, discharged or terminated
Signature:		Date:
FOR MIN I, the undersigned p nor's participating is me and the Minor in	ORS (PARENT OR LEGAL earent or guardian of the about the Activities, agree that the	ent or guardian must complete and sign below. L GUARDIAN MUST COMPLETE THIS SECTION) Eve minor participant (the "Minor"), in consideration of the Mine terms and conditions of this agreement shall be binding on nor's participating in the Activities. I acknowledge that I have so.
Name of Parent or C	Guardian:	Relationship
		Phone:
Signature:		Date:



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RELEASE AND HOLD HARMLESSS AGREEMENT ANNA TWINNEY, TRAINER/INSTRUCTOR

CAREFULLY READ THIS AGREEMENT BEFORE SIGNING:

I acknowledge the inherent risks involved in riding and working around horses, which include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further that both horse and rider can be injured in normal use, in competition or in schooling. I expressly assume any and all risks inherent in all horse-related activities including, but not limited to, bodily injury, physical harm or death to horse or rider or spectator.

In consideration for the privilege of riding and/or working around horses in connection with Anna Twinney and the Reach Out to Horses® Program (herein referred to as "the Trainer"), I agree to hold harmless and indemnify the Trainer and further release the Trainer from any liability or responsibility for accident, damage, injury or illness to me, to any horse owned by me or my family, and to any family member or spectator accompanying me with or in connection with the Trainer.

I agree to hold harmless and indemnify the Trainer from all claims of injury or loss, whether or not the claim resulted, directly or indirectly, from the negligent acts or omissions of the Trainer. I agree to indemnify and hold harmless the Trainer from and against any and all loss, costs, or expenses or any claim thereof of whatever nature, arising out of my activities with or in connection with the Trainer.

In addition I understand and acknowledge that Teaching, Sharing, Incorporating into an educational program or any other use of the methods and information taught in this course, other than private use, is strictly prohibited without the express written consent of Reach Out to Horses® and Anna Twinney.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO EACH OF THE PROVISIONS IN THIS RELEASE.

Signature of Parent or Guardian of Minor (requirement)	red)
Print Name:	
Address:	_
City State	
Zip Code	
Country	