



TENNESSEE WALKING HORSE BREEDERS' AND EXHIBITORS' ASSOCIATION

TRAIL RIDING INSTRUCTOR APPLICATION

Miss/Ms./Mrs./Mr. _____
First Name Initial Last Name

Address _____ City _____ State _____ Zip _____

Birthdate _____ Telephone _____
Day Evening

Email Address _____

CERTIFICATION REQUIREMENTS:

1. Must be 18 years of age and a member in good standing of TWHBEA.
 2. Complete and submit this TRI Application
 3. Pay Test Fee of \$25
 4. Supply the requested Background Information:
 5. Provide a signed Code Of Conduct
 6. Provide a signed Release and Hold Harmless Agreement
 7. Provide proof of a current CPR Certificate (please attached copy of certificate)
- (Please answer questions 8 & 9 on a separate sheet of paper)*
8. Provide a short biography detailing reasons for wanting to be Certified and a record of your previous horse experience.
 9. Which areas of the TWH are you experienced with through owning, trail riding, instruction, training, etc..? (Endurance, Limited Distance, Competitive Trail, Easy Rider, Non-Registered Easy Rider, others?)
 10. Proof of Riding Ability (Options)
 - a. Submit an iPEDS Record
 - b. Work a TWHBEA Youth Camp and riding for the CRI/TRI's present and a recommendation from them
 - c. Providing a minimum 10 minute video of riding skills to be evaluated

by TWHBEA CRI/TRI panel.

11. Teaching Proficiency Proof: Options:

- a. Assist instruct a TWHBEA Youth Camp, receive recommendation from lead CRI/TRI at Camp.
- b. Provide a video of a lesson performing 3 gaits to be evaluated by the CRI/TRI Panel.

12. When you have submitted your application and required materials, TWHBEA will send you a link for online testing. You must pass this test with a score of 85% or better.

Do you require your students to wear protective headgear and footwear with a heel?

Do you, as a role model, wear protective headgear and footwear with a heel? _____

How did you learn about the TWHBEA TRI Program?

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of Tennessee Walking Horse Breeders' and Exhibitors' Association, whether said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of law enforcement agencies, governmental licensing agencies and agencies of the U.S. government or state of Tennessee; educational institutions, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints filed against me. The records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for the Certified Riding Instructor Program initiated and monitored by the Tennessee Walking Horse Breeders' and Exhibitors' Association. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A copy of this form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This form must be notarized by a notary before your application will be accepted. This form must be signed in front of a notary.

SIGNATURE (INCLUDE MAIDEN NAME)

SWORN AND SUBSCRIBED BEFORE ME ON THIS

ADDRESS

____ DAY OF _____, 20____

TELEPHONE (INCLUDE AREA CODE)

NOTARY PUBLIC

DRIVER'S LICENSE NUMBER

MY COMMISSION EXPIRES

SOCIAL SECURITY NUMBER/DATE OF BIRTH

**TRAIL RIDING INSTRUCTOR
BACKGROUND INFORMATION QUESTIONNAIRE:**

1. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? _____
2. Have you ever been convicted in any court of a felony, or any other crime, for which the judge could imprison you for more than one year, even if you received a shorter sentence including probation? _____
3. Are you a fugitive from justice? _____
4. Are you an unlawful user of , or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? _____
5. Have you ever been adjudicated mentally defective (*which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs*) **OR** have you ever been committed to a mental institution? _____
6. Have you been discharged from the Armed Forces under dishonorable conditions? _____
7. Are you subject to a court order restraining you from harassing, stalking, or threatening anyone? _____
8. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? _____
9. Are you an alien **illegally** in the United States? _____
10. Have you ever been or are currently under investigation for **any type** of child abuse? _____

Signature: _____

Date: _____



TENNESSEE WALKING HORSE BREEDERS' AND EXHIBITORS' ASSOCIATION

TRAIL RIDING INSTRUCTOR CODE OF CONDUCT

- ◆ We hereby acknowledge the most important priority of the trainer is the safety of the rider. Any disregard for the safety of the trainer's riders or other riders participating in any TWHBEA Trails event will be deemed a serious violation of the Code of Conduct.
- ◆ TWHBEA Trail Riding Instructors shall conduct themselves in a professional manner while instructing or at TWHBEA Trails Program recognized events.
- ◆ TWHBEA Trail Riding Instructors shall act like professionals and exhibit good sportsmanship at all sanctioned events.
- ◆ TWHBEA Trail Riding Instructors are required to know the rules set forth by the TWHBEA Trails Program and Trail Riding Instructor Guidelines set forth by TWHBEA. Ignorance of these rules will in no way excuse any violation of these rules.
- ◆ It is incumbent upon the trainer to deal with unruly horses, riders or parents quietly and quickly.
- ◆ Disciplining horses in a rough manner as to cause a spectacle at recognized events will not be tolerated.
- ◆ It is paramount that the trainer remembers that the purpose of the program is to provide safe and correct education. Proper education is essential to enjoyment of safe riding.

Signed _____

Dated _____

It will be left to the discretion of the TWHBEA Instructor Certification Committee as to what action will be taken for violations of The Code of Conduct. The TWHBEA Instructor Certification Committee will deal with any violation of the TWHBEA Trail Riding Instructor Guidelines.



TENNESSEE WALKING HORSE BREEDERS' AND EXHIBITORS' ASSOCIATION

RELEASE AND HOLD HARMLESS AGREEMENT

Name _____ Birthdate _____

Previous Riding Experience _____

For value received by each from the other, the adequacy of which consideration is hereby irrevocably acknowledged I, _____, hereby agree to release, defend, indemnify and hold harmless the Tennessee Walking Horse Breeders' and Exhibitors' Association and their officers, members, employees, servants, and agents from any and all liability (injuries, related injuries, or death of participant), costs, expenses, including attorney's fees, arising out of the riding of horses stabled by or under the supervision of the Tennessee Walking Horse Breeders' and Exhibitors' Association. It is further understood and agreed, I give my express permission for the Tennessee Walking Horse Breeders' and Exhibitors' Association to authorize emergency medical aid treatment where required.

I also am aware of the Tennessee State Law that states:

Under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to the Tennessee Code Annotated, Title 44, Chapter 20.

Signed _____ Date _____

Address _____

Phone: Home _____
Business _____
Cell _____
Email _____

SAFETY HELMETS ARE REQUIRED.

VIDEO RECOMMENDATIONS FOR BOTH RIDING SKILL AND TEACHING VIDEOS:

- 1) You should be seen clearly, and include a verbal description of how you thought your ride went. (Evaluation of gaits, problem solving, etc)
- 2) Be sure the video shows your work closely with the student
- 3) You should be able to be heard clearly in ALL your instructions
- 4) It is recommended to shoot the video in close range to the instructor unless you are wearing a mike.
- 5) Have a Lesson Plan. The best lessons are organized and have a plan of progression.
- 6) Be sure to demonstrate 3 gaits in both videos. (FW, RW, Canter)
- 7) Be sure to look over the sample evaluation sheet below to know in what areas you will be evaluated.

VIDEO EVALUATION CRITERIA

(Test Administrator must give comments for Average, Marginal or Unacceptable)

- Excellent - (E)**
- Average - (A)**
- Good - (G)**
- Marginal - (M)**
- Unacceptable - (U)**

- | | |
|--|-------|
| 1. Checks safety/fit of tack (pass or fail) | _____ |
| 2. Assessment and identification of horse and rider problems | _____ |
| 3. Gives appropriate exercises in relation to assessment | _____ |
| 4. Correct theoretical knowledge and application | _____ |
| 5. Rapport (positive, not adversarial, interacts well) | _____ |
| 6. Professional demeanor (pose) | _____ |
| 7. Turn-out of Instructor Applicant | _____ |
| 8. Presentation (voice, grammar, diction) | _____ |
| 9. Organization and focus | _____ |

PANEL COMMENTS: _____

