

Individual or First Family Member Name:	Birthdate: YYYY-MM-DD	Equestrian NS Number:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Address:		
Primary Email:	City/Town:	Prov:	Postal Code:
Secondary Email:	County (i.e. Hants)	Phone	

New Members Did Someone Refer You to Equestrian NS? They may be eligible for a referral credit. Please provide us the member's full name: _____ ENS#: _____

Family Membership includes up to *two* spouses and/or their junior-aged children born in 2008 or later. Additional junior members may be added for a fee. **If the child/sibling is born in 2007 or before an individual membership is required by submitting a separate application.** Spouses may include those who are co-habiting, but not married by law; legal guardian(s) of a junior-aged member.

Second Eligible Family Member	Birthdate: YYYY-MM-DD	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Relation to First Family Member _____
Additional Junior Member	Birthdate: YYYY-MM-DD	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Relation to First Family Member _____
Additional Junior Member	Birthdate: YYYY-MM-DD	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Relation to First Family Member _____
Additional Junior Member	Birthdate: YYYY-MM-DD	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Relation to First Family Member _____
Additional Junior Member	Birthdate: YYYY-MM-DD	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Relation to First Family Member _____

Insurance Coverage INCLUDED in your Membership (Optional Insurance on page 2)

\$5,000,000 Personal Excess Liability Insurance (\$1,000 Property Damage Deductible) -Protects you, the member, if you are sued by a third party because a horse that you own or lease, ride or handle non- commercially, causes property damage or bodily injury to a third party.

****Liability coverage is for non-commercial equine related activities. Some limitations and exclusions apply. Coverage is in force 24 hours a day, seven days a week, and covers the member (Canadian resident) anywhere in the world. (Exclusions apply for non-Canadian residents.)**

\$40,000 Accidental Death & Dismemberment Coverage (no fracture/dental – provided in optional ADD Insurance) - Covering you, the member, should you suffer a catastrophic injury, dismemberment or death arising from equine related activities. (Under the age of 90)

MANDATORY MEMBERSHIP TERMS AND CONDITIONS - SIGNATURE IS REQUIRED Please check the appropriate boxes for consent.

Equestrian Nova Scotia (ENS) membership is non-refundable and expires on December 31 of each year

MEMBER CODE OF CONDUCT: By making application to Equestrian Nova Scotia, I agree to abide by all policies, rules and regulations, and the MEMBER Code of Conduct - found on the ENS website, under Governance.

PRIVACY POLICY: We recognize and are committed to ensuring privacy of members with respect to their personal information. We do not share our mailing lists with outside parties. Only those organizations with whom members receive an additional service will be forwarded information (i.e. ACERA Insurance, partnered magazine publishers or club memberships). Equestrian Nova Scotia may use the contact information collected for the purpose of providing me with membership related information (i.e. Annual/Special Meeting or Renewal)

EMAIL CONSENT: Yes ☐ I give my expressed consent to Equestrian NS to send me communications using my email address(es) on file. **OR** No I do not give consent ☐. Please note, if no, Equestrian NS may send me email notice of information regarding my membership.

MEDIA: Yes ☐ I give my expressed consent for Equestrian NS to use photos/videos for promotional content, including but not limited to social media, e-news, and publications. **OR** No I do not give consent ☐.

VOLUNTEER: Yes ☐ I give my expressed consent for ENS to contact me regarding volunteer opportunities. **OR** No I do not give consent ☐.

By virtue of purchasing an Equestrian Nova Scotia membership, I verify that all information on the form is true.

Falsifying information could result in insurance coverage being declared null and void.

Name: _____ Signature: _____ Date: _____

CONSENT BY PARENT OR LEGAL GUARDIAN FOR APPLICANTS UNDER 19 YEARS OF AGE

I acknowledge I am the parent or guardian for the minor or minors (persons under the age of 19) named on this application. I give my consent for the named applicant to become a member of Equestrian Nova Scotia. I declare all information to be true.

Parent/Legal Guardian Name: _____ Signature: _____ Date: _____

HORSEPLAY PROGRAM AND APP CONSENT BY PARENT OR GUARDIAN FOR APPLICANTS UNDER 19 YEARS OF AGE

Our free Horseplay program and app allows you to record your horse activity hours and be entered into draws to win prizes. If one or more applicants are under 19 years of age and over 12 years of age, I acknowledge I am the parent or legal guardian for minor (s) named on this renewal/application. I give my consent for the named minor (s) to use the Horseplay app. I declare all information given to be true. I acknowledge and accept the Horseplay Terms of Service and the Privacy Policy on behalf of the minor.

Parent/Legal Guardian Name: _____ Signature: _____ Date: _____

2025/2026 Membership Products

2025/26 Extended Individual Membership	\$ 88.00	\$
2025/26 Extended Family Membership – <i>includes up to two spouses and/or their junior-aged children</i> born in 2008 or later. If the child/sibling is born in 2007 or before an individual membership is required by submitting a separate application. Spouses may include those who are co-habiting, but not married by law; legal guardian(s) of a junior aged member.	\$146.00 (first two eligible family members)	\$
Additional (Extended) Eligible Junior Member to Family Membership (as listed on page 1)	\$44.00 x _____	\$
NEW Membership Card(s)		
<input type="checkbox"/> Printed and mailed – 1 fee per household –everyone in household will receive a card.	\$5.00	\$
<input type="checkbox"/> Online Card – free - I would like you to email me access to my card through my online account	\$0.00	

2026 Optional Insurance Program (Effective January 1-December 31, 2026; 2025 options available through ENS)

ADDITIONAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) – provides additional \$75,000 - Enhanced Accident, Death and Dismemberment for injuries sustained by you, the member related to horses, including coverage when you are enroute to and from an equine activity in a vehicle. This policy will pay regardless of any other insurance that may be in force at the time of the incident. *Enhanced AD&D is restricted to members who have not reached the age of 75years. Members purchasing: _____	\$45.00/person	\$
MEMBERS NAMED PERILS (MNP) - Covers the death of an owned horse from fire, lightning, collision/overtake of the conveyance in which a horse was being transported. It also extends to windstorm/hail, earthquake or flood, attack by dog or wild animal, collapse of building and more. This insures up to a maximum of \$10,000 for any one horse, any one loss. Members purchasing: _____	\$35.00 /person	\$
EMERGENCY STABLING COVERAGE – <u>MNP MUST BE PURCHASED TO BE ELIGIBLE</u> - provides coverage for increased expense incurred to stable the insured horse(s) at other premises due to the perils of fire, windstorm, collapse or disease which makes the usable stabling temporarily unsafe or unusable. Maximum period of four months subject to a maximum limit of \$500 per month for any one insured horse and not more than \$5,000 in total. Members purchasing: _____	\$25.00 /person	\$
EMERGENCY LIFESAVING SURGERY - <u>MNP MUST BE PURCHASED TO BE ELIGIBLE</u> – provides coverage for equine emergency lifesaving surgery <i>necessitated</i> by accident or sickness, including colic surgery and fracture surgery, to a maximum limit of \$2,500.00 for expenses incurred (\$250 deductible). PLEASE NOTE: This is NOT an equine life insurance policy; NO DEATH BENEFIT is payable under this policy. This policy is restricted to one claim per year and must be purchased by the member who is the owner of the horse(s). Members purchasing: _____	\$55.00 /person	\$
TACK and EQUIPMENT INSURANCE - Insures tack and equipment from loss or damage anywhere in Continental US and Canada. Limit - \$15,000.00 (\$500 Deductible) Does not cover clothing or protective equipment worn by riders, wear & tear/abuse, mysterious disappearance or horse-drawn vehicles. Members purchasing: _____	\$75.00 /person	\$
WEEKLY ACCIDENT INDEMNITY (WAI) - If you are unable to work due to an accident. Coverage is in force 24 hours a day, 7 days a week and includes (but is not limited to) injuries arising from equine-related incidents. This policy will provide up to \$500/week in income replacement for up to 26 weeks (some restrictions apply). PLEASE NOTE: Members who chose to purchase the Weekly Accident Indemnity option will automatically be provided with AD&D coverage. - including \$75,000 principal sum for permanent and catastrophic injuries, a fracture benefit of \$7,500/\$2,500 (helmet/no helmet) and a dental benefit of \$5,000 principal sum. Members purchasing: _____	\$195.00 /person	\$

2026 Affiliate Club Memberships

Cape Breton Western Riders Assoc. INDIVIDUAL Membership Before May 1 st /After May 1 st	\$15.00/\$20.00	\$
Cape Breton Western Riders Assoc. FAMILY Membership Before May 1 st /After May 1 st	\$30.00/\$35.00	\$
Cape Breton Western Riders Assoc. Competition Package Yes or no (circle one)		
Horse Trials Nova Scotia Individual JUNIOR Membership	\$20.00	\$
Horse Trials Nova Scotia Individual SENIOR Membership	\$25.00	
Horse Trials Nova Scotia FAMILY Membership	\$45.00	
Nova Scotia Hunter Jumper Association INDIVIDUAL Membership (# family members x \$20.00)	\$20.00	\$
Central Nova Horse and Pony Association INDIVIDUAL Membership	\$40.00	\$
Central Nova Horse and Pony Association FAMILY Membership	\$60.00	
CNHP MEMBER WAIVER – It is here recognized that all equestrian sports and activities involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injuries. I hereby accept this risk and will not hold the Central Nova Horse and Pony Assoc. (CNHP), the competition, their officials, organizers, agents, employees, and their representatives responsible for any damage or injuries sustained to myself and/or my animal(s) while either attending a show or using the CNHP facilities. Signature Acknowledging Waiver (Parent/Legal Guardian if under 19): _____		

Magazine Subscriptions – Member Preferred Rate

Canadian Horse Journal - 4 issues (Includes free digital copies)	\$26.45	\$
Atlantic Horse and Pony – 4 issues	\$13.00	\$

Payment Details

Total

Cheque or Money Order – Please make payable to Equestrian Nova Scotia		\$
Credit Card/ Visa or M/C Debit Cardholder Name: _____	Add \$3.00	\$
Credit Card Number: _____ Exp: _____ Security Code: _____	admin fee	

Member Information (Required for each applying member)

Information collected in this section assists us with member program and service needs and as a requirement of funding received from the Province of Nova Scotia; reported as cumulative and unidentifiable data.

Member	What is your Primary equestrian Involvement/ reason for joining Equestrian NS?	Check all other Involvement/ Reasons for joining Equestrian NS?	If you are an official, please check all that apply	Discipline/ Participation Information	Optional Declarations Please check all that apply to you	Horse Information
Name:	<input type="checkbox"/> Program participant <input type="checkbox"/> Competitive Athlete <input type="checkbox"/> Coach/Trainer <input type="checkbox"/> Official <input type="checkbox"/> Insurance Required by: <input type="checkbox"/> Boarding Barn <input type="checkbox"/> My coach <input type="checkbox"/> Other: _____	<input type="checkbox"/> Program participant <input type="checkbox"/> Competitive Athlete <input type="checkbox"/> Coach/Trainer <input type="checkbox"/> Official <input type="checkbox"/> Insurance Required by: <input type="checkbox"/> Boarding Barn <input type="checkbox"/> My coach <input type="checkbox"/> Other: _____	<input type="checkbox"/> Judge <input type="checkbox"/> Steward <input type="checkbox"/> Safety Officer <input type="checkbox"/> Technical Delegate <input type="checkbox"/> Timer <input type="checkbox"/> Course Designer <input type="checkbox"/> Scribe <input type="checkbox"/> Competition Manager	<input type="checkbox"/> English <input type="checkbox"/> Western <input type="checkbox"/> Driving <input type="checkbox"/> Trail Riding <input type="checkbox"/> Therapeutic Riding <input type="checkbox"/> Para-equestrian <input type="checkbox"/> Lessons <input type="checkbox"/> Industry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Indigenous <input type="checkbox"/> Black/African Nova Scotian <input type="checkbox"/> Newcomer to Canada <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Other: _____	# of horses: _____ Breed: _____ <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Own stable/farm <input type="checkbox"/> Board elsewhere
Name:	<input type="checkbox"/> Program participant <input type="checkbox"/> Competitive Athlete <input type="checkbox"/> Coach/Trainer <input type="checkbox"/> Official <input type="checkbox"/> Insurance Required by: <input type="checkbox"/> Boarding Barn <input type="checkbox"/> My coach <input type="checkbox"/> Other: _____	<input type="checkbox"/> Program participant <input type="checkbox"/> Competitive Athlete <input type="checkbox"/> Coach/Trainer <input type="checkbox"/> Official <input type="checkbox"/> Insurance Required by: <input type="checkbox"/> Boarding Barn <input type="checkbox"/> My coach <input type="checkbox"/> Other: _____	<input type="checkbox"/> Judge <input type="checkbox"/> Steward <input type="checkbox"/> Safety Officer <input type="checkbox"/> Technical Delegate <input type="checkbox"/> Timer <input type="checkbox"/> Course Designer <input type="checkbox"/> Scribe <input type="checkbox"/> Competition Manager	<input type="checkbox"/> English <input type="checkbox"/> Western <input type="checkbox"/> Driving <input type="checkbox"/> Trail Riding <input type="checkbox"/> Therapeutic Riding <input type="checkbox"/> Para-equestrian <input type="checkbox"/> Lessons <input type="checkbox"/> Industry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Indigenous <input type="checkbox"/> Black/African Nova Scotian <input type="checkbox"/> Newcomer to Canada <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Other: _____	# of horses: _____ Breed: _____ <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Own stable/farm <input type="checkbox"/> Board elsewhere
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WEEKLY ACCIDENT INDEMNITY (WAI) APPLICATION
(POLICY EXPIRES JANUARY 1ST EACH YEAR TO COINCIDE
WITH YOUR MEMBERSHIP)

This exclusive insurance policy provides **income replacement** in the event you are unable to work due to an accident. Coverage is in force 24 hours a day/ 7 days a week and includes (but is not limited to), injuries arising from an equine related incident. The policy will provide **up to \$500.00 / week** in income replacement for **up to 26 weeks** (some restrictions apply). To qualify for this special program and be eligible for benefits, you must meet the following minimum requirements:

1. Be a resident of Canada.
2. Be a member in good standing of your Provincial Equine Association.
3. Be employed full time (minimum of 25 hours a week with a single employer).
4. Be under the age of 75 years old; and
5. Files an income tax return to Canada Revenue Agency in the most recent year.

The combined benefit from this policy and all other benefits available to you (WCB/WSIB/CPP/ Employer Group Programs, etc.) cannot exceed 75% of reported gross income to Canadian Revenue Agency in the most recent taxation year.

YOUR INFORMATION:

Name of Application: _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Contact Phone: (_____) _____ Email: _____

Date of Birth (DD/MM/YYYY): _____

EMPLOYMENT INFORMATION:

Your Occupation: _____ Average Number of hours worked **per week**: _____

Employer Name: _____ Employer Phone: _____

FUL TIME with a single employer is required (Minimum 25 hours per week) ☐ Yes ☐ No (If No, coverage is ineligible)

Did you file an Income Tax Return with Canada Revenue Agency last year? ☐ Yes ☐ No (If No, coverage is ineligible)

Are you enrolled with WCB / WSIB / Employer Disability Plan? ☐ Yes ☐ No

Have you ever made a claim for income replacement benefits? ☐ Yes ☐ No

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I understand and agree:

- 1) The insurance coverage being applied for **PLUS ANY OTHER BENEFITS** I may be eligible to receive if I cannot work – **FROM ALL SOURCES** – will not and cannot exceed 75% of weekly income as reported to Canadian Revenue Agency (CRA) in the last personal income reporting year.
- 2) I understand that there is a waiting period of 7 days before I am eligible to receive any benefits from this policy.
- 3) This policy will pay benefits to a maximum of \$500 / week for a maximum of 26 weeks.
- 4) In the event of a claim, I will be required to sign and remit various documents to prove my loss before any payment is made, including but not limited to a copy of my previous tax return and a consent form to allow the insurer to collect, use and disclose personal information related to my claim.
- 5) I am a member in good standing of my home Provincial Equine Association on the date of this application.

Applicant Signature: _____ **Date Signed:** _____