

2024/2025 Membership Application

All memberships expire December 31, 2025

300-1734 Elphinstone Street

Regina, Saskatchewan S4T 1K1

Phone: 306-780-9244 or 306-780-9449



**Saskatchewan
Horse Federation**

PRIMARY APPLICANT					
Name:			Street/Box#:		
Birthdate:	YYYY	MM	DD	<input type="checkbox"/> Male <input type="checkbox"/> Female	City/Town: Postal Code:
Email:			Phone:		

ADDITIONAL APPLICANTS					
Name:			Name:		
Birthdate:	YYYY	MM	DD	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: YYYY MM DD <input type="checkbox"/> Male <input type="checkbox"/> Female
Email:			Email:		
Name:			Name:		
Birthdate:	YYYY	MM	DD	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: YYYY MM DD <input type="checkbox"/> Male <input type="checkbox"/> Female
Email:			Email:		

SURVEY	
<i>Your participation in answering these questions is voluntary. This data is used to identify success within our program and service areas.</i>	
1. Involvement (Check all that Apply): <input type="checkbox"/> Recreation <input type="checkbox"/> Competitor <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Industry/Business <input type="checkbox"/> Breeding <input type="checkbox"/> Health/Welfare <input type="checkbox"/> Western Riding <input type="checkbox"/> English Riding <input type="checkbox"/> Driving	4. Do you currently coach students? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES): Are you a certified Coach through any of the following? <input type="checkbox"/> Equestrian Canada <input type="checkbox"/> CANTRA <input type="checkbox"/> EAL <input type="checkbox"/> Vaulting <input type="checkbox"/> Other Do you teach students with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you currently Judge at horse shows? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES): Are you an accredited Judge through any of the following? <input type="checkbox"/> Provincial Organization <input type="checkbox"/> Equestrian Canada <input type="checkbox"/> Other Do you Judge competitors with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you are of Aboriginal Ancestry, please check one of the following that is most applicable to your Aboriginal Ancestry: <input type="checkbox"/> Status/Treaty <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	

WAIVERS	
Waivers must be checked and signed to purchase a membership. <i>If the Primary Applicant is under 18 years of age, this must be signed by a parent or guardian.</i>	
On behalf of the Applicant(s), I HEREBY DECLARE the information provided in this application to be true and accurate. Falsifying information could result in insurance coverage being declared null and void. <input type="checkbox"/> I agree	
The SHF respects your privacy. Our privacy policy can be found at https://saskhorse.ca/privacy-policy , or contact the office to request a printed copy. <input type="checkbox"/> I understand	
Signature: _____	Print Name: _____ Date: _____

2024/2025 MEMBERSHIP COSTS AND OPTIONS (All memberships expire December 31,2025)

All prices have applicable taxes included.
See page 4 for the benefits and insurance coverage included with your membership.

MEMBERSHIP FEES	2024/2025 Adult Individual Membership 18 to 90 Years of Age (prices include PST on the liability portion of the membership)	Renewal \$81.84 per person	\$
	2024/2025 Junior Individual Membership 17 Years or Under as of Jan. 1, 2025 (prices include PST on the liability portion of the membership)	Renewal \$61.84 per person	\$
	2024/2025 – EXTENDED FAMILY MEMBERSHIP NOT AVAILABLE ONLY A 2025 FAMILY MEMBERSHIP CAN BE PURCHASED		
OPTIONAL INSURANCE	Members Named Perils 2025 (price includes PST) Covers death of an owned horse resulting from fire, lighting or collision/overturn of a vehicle in which a horse is being transported. Insures to a maximum of \$10,000 that can be applied regardless of the number of horses owned. Losses are restricted to one claim per year. Number of horses Owned by member _____	\$37.10 per person Member(s) purchasing: _____ _____	\$
	Accidental Death and Dismemberment 2025 Provides \$50,000 principal sum ADD including a \$7,500 fracture benefit (with helmet) or \$2,500 fracture benefit (if no helmet); plus \$5,000 dental benefit. Restricted to under 75 years of age.	\$45.00 per person Member(s) purchasing: _____	\$
	Members Tack 2025 (price includes PST) Limit \$15,000 per any one occurrence or \$5,000 any one membership per policy period (\$500 deductible). Higher limits are available.	\$79.50 per person Member(s) purchasing: _____	\$
	Emergency Surgery 2025 (price includes PST) MNP MUST be purchased with this product. Necessitated by accident or sickness, including colic surgery and fracture surgery, maximum limit of \$2,500.00. \$250.00 deductible. One per member. No Death Benefits is payable under this policy.	\$58.30 per person Member(s) purchasing: _____ _____	\$
	Weekly Accident Indemnity 2025 The policy will provide up to \$500 per week in income replacement for up to 26 weeks. Some restrictions apply. THE ATTACHED FORM ON PAGE 3 MUST BE COMPLETED IN FULL.	\$195.00 per person Member(s) purchasing: _____	\$
	Emergency Stabling Expense 2025 (price includes PST) MNP MUST be purchased with this product. This insurance 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. (\$500.00 deductible)	\$26.50 per person Member(s) purchasing: _____ _____	\$
	Western Horse Review Magazine 1 Year Subscription 2025	\$27.00	\$

TOTAL \$

PAYMENT INFORMATION

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque (# _____) <input type="checkbox"/> e-Transfer (security answer membership)		
Card Number	Expiry Date	CSV #
Name on Card	Signature	



WEEKLY ACCIDENT INDEMNITY APPLICATION

THIS FORM MUST BE COMPLETED IF PURCHASING THE WEEKLY ACCIDENT INDEMNITY OPTION ON PAGE 2

Questions regarding coverage should be directed to CapriCMW Equine Department at 1-800-670-1877

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 70 years old; and
5. Filed 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/PPP/ Employer Group Programs, etc.) cannot exceed 75% of reported gross income to Canadian Revenue Agency in the most recent taxation year.

YOUR INFORMATION			
NAME:		DATE OF BIRTH:	YYYY MM DD
ADDRESS:		PHONE: (H)	(C)
EMPLOYMENT INFORMATION			
YOUR OCCUPATION:		AVERAGE NO. OF HOURS WORKED PER WEEK:	
EMPLOYER NAME:		EMPLOYER PHONE:	
FULL TIME with a single employer is required (Minimum 25 hrs per week)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, coverage is ineligible)		
Did you file an Income Tax Return with Canada Revenue Agency last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, coverage is ineligible)		
Are you enrolled with WCB / WSIB / Employer Disability Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever made a claim for income replacement benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

SIGNED: _____ DATED: _____



**Saskatchewan
Horse Federation**

Membership Benefit Highlights

For a detailed list of benefits visit saskhorse.ca/individual-benefits

SHF members automatically receive the following base insurance coverage:

\$5,000,000 Liability Insurance (subject to \$1,000 Property Damage Deductible)

- This coverage protects you against lawsuits for Bodily Injury or Property Damage arising out of the ownership or use of a horse and / or arising out of your participation in personal equine related activities.
- This policy includes coverage for legal liability arising from the non-commercial transport / incidental care, custody and control of non-owned horses. The liability limit for care, custody and control is \$10,000 perhorse / \$50,000 per accident.

\$30,000 Principal Sum Accidental Death & Dismemberment

- Coverage for each member arising from equine-related activities – under the age of 90. Coverage **excludes** fracture, dental losses, or loss of income. This policy does not provide partial disability benefits or loss of wages.

Additional insurance options are available to purchase with your membership:

- See Page 2 for details

This is a summary of coverage only. For more detailed information on these products or other options available to members at a reduced cost, please contact CapriCMW Insurance Services at 1-800-670-1877 or visit capricmw.ca/horse

Take advantage of these additional programs and benefits:

- Nominate to Heritage Circuit or Prairie Cup and win awards
- Qualify for Grants and Funding
- Access to Educational Programs
- Access to Coaching and Officials Resources
- Savings with our Members First Program
- Access to Equestrian Canada Programs

For a detailed list of benefits visit saskhorse.ca/individual-benefits