

2025 COMPLIMENTARY AEF MEMBERSHIP APPLICATION FOR LEAD LINE CLASS RIDER ONLY – Aged 7 and under.

Membership is valid for lead line classes at EC & AEF sanctioned events ONLY. **TEMPORARY MEMERSHIPS ARE AVAILABLE TO CANADIAN RESIDENTS ONLY.**

LEAD LINE APPLICANT INFORMATION

Surname:	Given Name:			Phone No:	Phone No:		
		Gender:					
Birthdate: YY	YYY MM DD	M	F NB	Email:			
Mailing Address:		City/Town:			Prov/Terr:	PC	
	NAME OF COMPETITION	&					
	COMPETITION DATE(S	S)					
lf a	participant is involved with ho	cipating in a	a lead line de of the le	class at an f	EC or AEF sanctioned show	<i>w</i> . membership.	
ONLY WH • \$40,000 Ac CLASS (C: <i>AEF is no</i> <i>Membership.</i> • On behalf of years. I hereby the AEF. I FUI result in inst administrato	D Personal Liability Insurance ILE PARTICIPATING IN A LE ccidental Death & Dismember anadian Residents Only) of licensed to sell or provide co <i>Contact Acera Insurance Se</i> <u>PARENTAL</u> of the minor applicant, I DEC by give my consent for the nam RTHER DECLARE the inform urance coverage declared nul or for the member insurance points sell or provide counsel on insu- accept this risk and hold h	(non-comm AD LINE C ment arisin <i>nvices Ltd 1-800</i> CONSEN CLARE I an hed minor ation provi and void. ogram and urance cov harmless A	nercial) rel CLASS at a ng from eq <i>nsurance c</i> <i>directly for</i> <i>D-670-187</i> T AND D n the parer applicant t ded in this I acknowle all questi erage. I re EF, its offi	an EC or AEF uine related a coverage pro- cany question 7 (Equine De ECLARATI on or legal gu o participate application t edge Acera I ons regardin cognize equi- cers, agents,	ersonal ownership and/or p Sanctioned Event. activities only while particip vides the insurance covera ns regarding coverage, limit pt) ON – MANDATORY ardian of the applicant who in a Lead Line Class(es) and o be true and accurate. Fa nsurance Services Ltd. is the g insurance must be director	pating in a LEAD LINE age included with this itations, or exclusions at o is under the age of 18 nd become a member of lsifying information could he licensed broker and ed to Acera. AEF is not inherent risk. I hereby	
Name: (Parent/	/Guardian):						
Signature:							
APPLICATI		EASE SE Albe	END CON	IPLETED F	ORM TO:	ELEAD LINE CLASS.	
	Toll Free: 1 87	7 463 6233	B Phone:		AB 12X 1S3 1 Fax : 1 403 252 5260 site: albertaequestrian.cor	n	
Checkout the Kids AEF Activity Pack available on AEF's online store							