



2026 LTED APPLICATION FORM

Deadline date for submission: **March 22, 2026**

Submit by email to: nbeaeditor@gmail.com

Name: _____ Date of Birth (dd/mm/yyyy): _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email Address: _____

Coaches you work with on a regular basis: _____

Horse's Name: _____ Horse's Age: _____

Owner's Name: _____ Owners Contact No.: _____

INDICATE DESIRED TIER (SEE LTED PROGRAM OUTLINE FOR SPECIFIC REQUIREMENTS FOR EACH TIER):

- * Development Tier – Intro (0-24")
- * Development Tier – EV70 (Starter 2'3")
- * Development Tier – EV78 (Pre-Entry 2'6")
- * Competitive Tier – EV85 (Entry 2'9")
- * Competitive Tier – EV 95 (Pre-Training 3')
- * Competitive Tier – EV100 (Training 3'3") & EV105 (3'5")

PREVIOUS LTED INVOLVEMENT (Indicated most recent):

LTED Program: _____ Year: _____ Level: _____

MEMBERSHIPS REQUIRED:

NBEA# _____ (Dev. & Comp. Tiers) HTNB# _____ (Dev. & Comp. Tiers)
EC# _____ (Competitive Tiers Only)

VACCINATION, COGGINS & FARRIER:

Mandatory proof due **April 19, 2026**...Initial:

- Flu, Rhino, Strangles, negative Coggins test (Dated 2026)

Farrier Name and Frequency of Shoeing: _____

RIDER LEVEL ATTAINMENT (Must have EC Rider Level 3 or Canadian Pony Club Level D to apply):

Highest Rider Level achieved: _____ Date of achievement: _____

If you do not have EC Rider Level 3 or CPC Level D, please enclose a **letter of recommendation** from your coach stating that they support your participation in the LTED Eventing Program and believe you and your horse can safely compete at your desired level for the season.

SHIRT SIZE: _____



EXPERIENCE (check all that apply):

Show Experience:

- Dressage
- Combined Test
- Other: _____
- Hunter/Jumper
- Horse Trial
- Derby
- Schooling Shows

Rider's Horse Trial / Eventing Experience:

- None
- Intro / EV70 (Starter)
- EV78 (Pre-Entry)
- EV85 (Entry)
- EV90 (Pre- Training)
- EV100/105 (Training+)

Horse's Horse Trial / Eventing Experience:

- None
- Intro / EV70 (Starter)
- EV78 (Pre-Entry)
- EV85 (Entry)
- EV90 (Pre- Training)
- EV100/105 (Training+)

EQUIPMENT:

- I have reviewed the required attire, equipment, and tack for both myself and my horse with my coach and have or will purchase what is required to participate safely. I recognize that the sport of Eventing requires an ASTM approved, well-fitting helmet and a safety vest that meets or exceeds ASTM approved standard F1937 or BETA 3 level.

CONSENT (If the participant is under 18, Parent or Guardian must sign):

I, _____ (parent/guardian if rider is under 18) acknowledge that I have read, understood, and agree to the terms and conditions stated herein. I agree to allow my name and photo (my child's name and photo for riders under 18) to be used in NBEA publications and news releases as a participant in this program.

Signature: _____ Date: _____



PAYMENT:

Name of rider: _____

- Development Tier: \$250**
- Competitive Tier: \$350**

Payment plans available on a case-by-case basis. Please contact HTNB for more information.

E-transfers to be sent to: equinenb@gmail.com

Note "LTED Eventing" and rider's name in the message. Use the password **LTEDeventing** (if needed).

Cheques made payable to NBEA may be sent by mail:

New Brunswick Equestrian Association, 900 Hanwell Road, Suite #31, Fredericton, NB E3B 6A2

NOTE: If you wish to pay by VISA or Master Card, submit your number below.

Card Number: _____ Expiry Date (MM/YY): _____
 Name on Card: _____ CVV: _____
 Signature: _____ Date: _____

Please include:

Completed form

- ✓ Indicated Rider Level achieved to date
- ✓ Indicated experience including MERs

Completed ACKNOWLEDGEMENT OF RISK - Sr or Jr signed by parent

Rider Bio

Rider Photo of choice

Proof of vaccinations/Coggins if available

Enclosed Copies of Memberships

Enclosed letter of recommendation from coach if new to the program

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY - ADULTS

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Long-Term Equestrian Development (LTED) Equine Activities are Provided by the Hosts

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: **the New Brunswick Equestrian Association and Horse Trials New Brunswick**, their directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Hosts"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to, competitions, tournaments organized and/or operated by the "Hosts" or riding instruction, coaching and training provided by the "Hosts" to the Participant.

Initial Each Item below after Reading and Understanding each item:

1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
 - (d) the potential of natural or man-made hazards being present that can cause me harm, including communicable disease.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that although the "Hosts" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Hosts" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Hosts" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration given to the "Hosts" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
 - (a) to waive all claims that I have or may have in the future against the "Hosts";
 - (b) to release and forever discharge the "Hosts" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Hosts"; and
 - (c) to be liable for and to hold harmless and indemnify the "Hosts" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Hosts". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Hosts".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Hosts", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Please Print Clearly

Participant Name _____ Date of Birth _____ Tel # _____

Address _____ City _____ Province _____ Postal _____

(Signature of Participant) Signed this _____ day of _____, 20____

(Print Name of "Hosts" Witness to Signing and Initialing)

(Signature of "Hosts" Witness) Signed this _____ day of _____, 20____

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY - JUNIORS

(AR-0103)

For Participants **Under the Age of Majority** in the Province or Territory in which the **Long Term Equestrian Development (LTED) Equine Activities** are Provided by the Hosts

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: **the New Brunswick Equestrian Association and Horse Trials New Brunswick**, their directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Hosts"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to riding instruction, coaching and training provided by the "Hosts" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as _____ Parent/Guardian and with the intent that this waiver be binding on myself and the Infant Participant for all legal purposes.
2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
 - (d) the potential of natural or man-made hazards being present that can cause me harm, including communicable disease
3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
4. I agree that although the "Hosts" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Hosts" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Hosts" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
5. In addition to consideration given to the "Hosts" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that the Infant Participant has or may have in the future against the "Hosts";
 - (b) to release and forever discharge the "Hosts" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Hosts"; and
 - (c) to be liable for and to hold harmless and indemnify the "Hosts" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Hosts". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Hosts".
7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Hosts", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Please Print Clearly

Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____ Tel # _____

Address _____ City _____ Province _____ Postal _____

(Signature of Parent/Guardian of Infant Participant)

Signed this _____ day of _____, 20_____

(Print Name of "Hosts" Witness to Signing and Initialing)

(Signature of "Hosts" Witness)



Rider Bio

Eventing
2026

Rider's name

Rider's age

Horse's Name

Horse's Age

Horse's Breed

Rider level achieved

Goals for 2026

Coach(es):