



Wild Rose Injury and Accident Report

120, 251 Midpark Blvd SE, Calgary, AB T2X 1S3
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 albertaequestrian.com

If an injury has occurred this form must be completed by a member of the Organizing Committee or Steward/TD.

Event Details:					
Name of Event: _____					
Location: _____ Date: _____					
Injured Party:					
Person	Horse	Both			
Person:					
Competitor	Groom	Spectator	Official	Volunteer	Other: _____
Name: _____		AEF #: _____			
Address: _____					
City: _____		Postal Code: _____		Birthdate: _____	
Horse's Name: _____				Age: _____	
Owner: _____				Phone: _____	
Location of Injury:					
Parking Area	Warm-Up	Stabling	Show Ring	Other: _____	
If injury occurred in an over-fences class, were safety cups in use: Yes No					
Description of Accident:					
Nature of Injury to Person: <i>Describe apparent injury.</i>					
Treatment:					
Onsite	Transported	None	Refused		
By whom:					
EMT/Paramedic	MD	Spectator	Official	Other: _____	
Vet	Owner/Handler				
Name(s): _____					

Witness:

Did you witness the accident: Yes No

Yes If not, who reported it to you:

Name: _____ Phone: _____

Name of Witness	Address	Phone

Attach statements from witnesses, if available.

Report completed by: _____ Date: _____

Signature: _____

Note: Retain a copy for your records and forward this form to the AEF office.

Alberta Equestrian Federation
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