



Wild Rose Injury and Accident Report

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 Phone: 403.253.4411 ext. 2 • Toll Free: 1.877.463.6233 Fax:
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 albertaequestrian.com

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