

Equestrian Trails, Inc. *Accident Report*

Date: _____ Time of Accident: _____

Corral Sponsoring Event: # _____

Name/Type of Sponsored Event: _____

Chairperson of Event: _____

Person Completing This Report: _____

Name of Location: _____

Location Address: _____

Occurred in:
Arena On Trail

Warm-Up Arena

Other _____

Use additional face sheet for other injured or witness information.

<i>Name of Injured</i>	<i>Age</i>	<i>Home Address</i>	<i>Home Phone</i>	<i>Cell Phone</i>	<i>Corral #</i>
<i>Equine Name</i>	<i>Age</i>	<i>Equine Owner</i>	<i>Owner Phone #</i>		

Witness Information.

<i>Witness Name</i>	<i>Age</i>	<i>Home Address</i>	<i>Home Phone</i>	<i>Cell Phone</i>	<i>Corral #</i>

Brief Description of Accident:

Must mail, call or fax to ETI Office within 48 hours, P.O. Box 1138, Acton, CA 93510 fax # (661) 269-2507

Please complete reverse side of this form.

Signed Equestrian Trails, Inc. Waiver/Release on file? Yes No Reason for not on file:

Was first aid given? Yes. Give brief description: _____

No. Reason why first aid was not given: _____

First Aid Responder (list additional First Aid Responders on back)

Name	Age	Home Address	Home Phone Cell Phone	Corral #

Training: Basic F/A EMT Paramedic/Fire Dept. Nurse Dr. Other:

Was Fire/Paramedics notified: Yes No. Number of Engine Company/ Squad who responded #.

Was injured taken to hospital: Yes. Name of Hospital: _____

No. Injury did not warrant transportation. Fire obtained AMA.

Additional Narrative:

Party Refused Medical Treatment and/or Advise from Emergency Medical Service Provider

I was offered the opportunity to be treated by an EMS provider and refused their care and/or their advice to be transported to the nearest recommended medical facility. I was advised of my right to refuse or act AGAINST MEDICAL ADVICE (AMA). As part of the legal procedures, I willfully signed the EMS provider's AMA form. In doing so, I also release Equestrian Trails, Inc. from any liability of medical claims resulting from my refusal of emergency care and/or transportation to the nearest medical facility.

Date: _____ **Time:** _____ **Is Party a Minor: Yes No. Legal Representative must sign.**

Party Signature _____ **Witness Signature** _____

Witness Signature _____