



Wild Rose Injury and Accident Report

120, 251 Midpark Blvd SE, Calgary, AB T2X 1S3
Phone: 403.253.4411 ext. 2 • Toll Free: 1.877.463.6233 Fax:
403.252.5260 • competitions@albertaequestrian.com
albertaequestrian.com

If an injury has occurred this form must be completed by a member of the Organizing Committee or the Steward/TD.
Completed forms must be submitted within 24 hours after occurrence of the incident.

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: *Describe apparent injury.*

Return to Sport: *Did competitor continue competition?*

Immediately 24 hrs No

Other/Comments:

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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