

# Equestrian Incident Report Form - Kingdom of Trimaris

Event: \_\_\_\_\_

Hosting Group: \_\_\_\_\_

Date: \_\_\_\_\_ Site / location: \_\_\_\_\_

SCA Name/Kingdom: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Adult / Minor Authorization Level: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's SCA Name (if rider is a minor): \_\_\_\_\_

Parent's Legal Name: \_\_\_\_\_

Horse ridden: \_\_\_\_\_

Horse Owner's SCA Name: \_\_\_\_\_

Horse Owner's Legal Name: \_\_\_\_\_

Horse Owner's Address: \_\_\_\_\_

Horse Owner's Phone: \_\_\_\_\_

(Add additional horse owners to back if necessary)

Activity: \_\_\_\_\_ Incident Affected: Rider Horse Spectator Other: \_\_\_\_\_

What Happened? \_\_\_\_\_

\_\_\_\_\_

Marshal's Comments: \_\_\_\_\_

\_\_\_\_\_

Description of Injury: \_\_\_\_\_

Was anyone referred to: Chirurgeon ER Vet/Farrier? **YES / NO** (circle one)

Give details: \_\_\_\_\_

\_\_\_\_\_

Marshal's Name: \_\_\_\_\_

Marshal's Legal Signature: \_\_\_\_\_

Rider's Legal Signature: \_\_\_\_\_

EMIC: \_\_\_\_\_

EMIC's Legal Signature: \_\_\_\_\_