



Wisconsin Interscholastic Horseman's Association Incident Report

Date: _____ Time of Incident: _____

Location of Accident: _____

Name/Type of Sponsored Event: _____

Chairperson of Event: _____

Person completing this report: _____

Rider/Coach/Spectator Information Section

Print Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Horse Information Section

Print Name of Horse: _____ Age of Horse: _____

Horse Owner's Name and Address: _____

Home Phone: _____ Cell Phone: _____

Witness Information Section

Print Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____



Wisconsin Interscholastic HorsemanSHIP Association Incident Report

Brief description of incident: _____

Was first aid given? Yes / No If YES – give brief description: _____

If NO – Reason why first aid was not given: _____

Were Fire/Paramedics notified? Yes / No Engine Company/Squad responding? _____

Was injured taken to hospital? Yes / No Name of Hospital? _____

Refusal of Medical Treatment and/or Advice from Emergency Medical Service Providers

I was offered the opportunity to be treated by the EMA 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 and act Against Medical Advice (AMA). As part of the legal procedures, I willfully signed the EMS providers' AMA form.

In doing so, I also release WIHA 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 If No, legal representative must sign.

Party/Parent Signature: _____

Witness Signature: _____

Witness Signature: _____