

MIHA
Accident Report

Date: _____ Time of Accident: _____

Location _____

Name/Type of Sponsored Event: _____

Chairperson of Event: _____

Person Completing This Report: _____

Rider/Coach/Spectator

<i>Name of Injured</i>	<i>Age</i>	<i>Home Address</i>	<i>Home Phone</i>	<i>Cell Phone</i>

Horse

<i>Equine Name</i>	<i>Age</i>	<i>Equine Owner</i>	<i>Home Phone</i>	<i>Cell Phone</i>

Witness Information

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

Brief Description of Accident:

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

If No. Reason why first aid was not given: _____

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

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

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

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 MIHA. 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/Parent Signature _____

Witness Signature _____

Witness Signature _____