

Horse Show Medical Report

Horse Show: _____

Location: _____ Date: _____

Injured Individual: _____ M ___ F ___ Age (minor) _____

Nature of Injury: _____

Treatment: Onsite _____ Transported _____ None required _____ Refused _____
If treatment is recommended and refused, adult signature is required below.

Person Treating: _____ Level of Training: _____

Describe treatment and/or recommendations:

Location where injury occurred: Show ring _____ Warm up ring _____ Stable area _____ Parking _____
Other _____ Time _____

Were you a witness to the incident? Yes _____ No _____ If not, how and by whom was the incident reported to you? _____

Alleged cause of injury: _____

Protective equipment worn by injured: _____

Signature of reporting medic Date: _____

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Release:
I, the undersigned, understand that treatment or transport or specific action is/was recommended by the medic on duty but is/was declined/refused by me. I hereby release the GHJA, Horse Show Management, the horse show facility, and their respective officials, employees, and agents from any liability, claims, actions, charges, costs or expenses resulting from my decision.

Signature of injured individual or adult guardian of a minor individual Date: _____