

Incident Information (continued)

6. Did the rider or horse get hurt during or immediately after a show/class/ride?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Was the rider or horse registered for a show/class/ride the day of the incident?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Location of Incident (Jumping, Dressage, Cross Country, Other) :		

BY INSERTING YOUR NAME IN THE SIGNATURE BLOCK BELOW (YOUR NAME WITH THE /S/ BEFORE IT), YOU CONFIRM YOUR INTENT TO SIGN ELECTRONICALLY. YOU HEREBY VERIFY THAT YOU ARE AGREEING AND CONSENTING TO THE TERMS OF THIS DOCUMENT, ATTESTING AS TO ITS TRUTH AND VERACITY, AND AFFIXING AN ELECTRONIC SIGNATURE BY WHICH YOU INTEND TO BE BOUND.

YOU HAVE THE ABILITY TO OPT OUT OF AN ELECTRONIC SIGNATURE. YOU MAY DOWNLOAD, COMPLETE, SIGN AND RETURN THIS FORM TO US VIA FAX AT 561-493-3313. BY SIGNING THE SIGNATURE BLOCK BELOW, YOU HEREBY VERIFY THAT YOU ARE AGREEING AND CONSENTING TO THE TERMS OF THIS DOCUMENT, ATTESTING AS TO ITS TRUTH AND VERACITY.

PLEASE BE ADVISED THAT REQUIRING THE TRANSACTION TO BE PERFORMED VIA HARD COPY COULD DELAY MATTERS. WE HAVE THE ABILITY TO PROMPTLY PROVIDE A COPY OF THE ELECTRONICALLY SIGNED DOCUMENT.

By :	Date :
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