

Injury Report – Safari Nation

Date of Injury:		Person Injured:	
Time of Injury:		Age of Injured:	
Date Injury Reported:		Parent of Injured:	
Method Injury Reported:		Form completed by:	
Waiver signed:		Employees on duty:	

Injury Key:

Action Taken:

Cause of Injury:

Foot Left Right		Ice	Violation of safety rules
Ankle Left Right		Bandaid - Wrap	Aggravated old injury
Finger 1 2 3 4 5 Thumb L R		Rest - elevation	Another person – rough play
Wrist Left Right		Parent notified	Improper use of equipment
Leg Left Right		Outside medical attention sought	Equipment failure
Sprain:		Ambulance called (911)	Employee neglect/rough play
Bruise – Location:			

Details & Action Taken:

Follow-up:	
Date:	
By:	

Liability Information

None – minor bump or bruise	Not held liable – results of active play	Filed with Liability Insurance Date:
Requested to pay out of pocket expenses.		

Release of Liability

I agree to release **Safari Nation** and all officers & employees of any further liability of the above documented injury. This injury was not the result of any willful neglect by **Safari Nation** but the possible result of an active play environment. **Safari Nation** provided attention to my needs and help in seeking attention in the above listed matter. A mutual agreement was decided upon and followed through by all parties involved.

I have read this Injury report and understand it. Declined to sign this form

Date: _____ Signature: _____

Date: _____ Supervisor/Manager Signature: _____

Response / Other Details: