**ASSOCIATION OF RUNNING CLUBS INCIDENT REPORT FORM**

Club………………………………. Event/Activity…………………………………… Location……………………………………………………………………………….. Date……………………………………

Approx Time of Incident……………………

**PERSONAL INJURY**

Nature of Injury………………………………………………………………………..

Treatment Given………………………………………………………………………

Name of Injured Person(s)……………………………………………………………. Age……………………………………… Address……………………………………………………………………………….. ………………………………………………………………………………………… Tel No…………………………………………. Occupation………………………..

Circumstances / Further Information………………………………………………… ………………………………………………………………………………………….. ………………………………………………………………………………………….

**PROPERTY DAMAGE**

Details of Damage…………………………………………………………………….. …………………………………………………………………………………………

Name of Owner (if known)……………………………………………………………. Address……………………………………………………………………………….. ………………………………………………………………………………………… Tel No………………………………………….. Circumstances/Further Information…………………………………………………… ………………………………………………………………………………………… …………………………………………………………………………………………

**WITNESSES or PEOPLE REPORTING INJURY or DAMAGE**

Name …………………………………………………………………………………. Address……………………………………………………………………………….. …………………………………………………………………Tel No………………

Name …………………………………………………………………………………. Address……………………………………………………………………………….. ………………………………………………………………….Tel No……………..

Has the incident been reported to the police ? …………………………

Details of Officer/Station……………………………………………………………..

Was the injured person taken to hospital ?…………………………….

Hospital Name and Location ……………………………………………………….

Please outline any implied or threat of legal action ………………………… ………………………………………………………………………………………

Who in your view is responsible for the incident ?…………………………………

Any Additional Information/Comment/Opinion (in confidence)…………………… ………………………………………………………………………………………… ……………………………………………………………………………………….. T

**To be completed by a Responsible Official**

The above information is correct and complete, to the best of my knowledge. Name…………………………………………………………………………………. Address……………………………………………………………………………… ………………………………………………………………………………………..

Phone…………………………………… e-mail…………………………………… Club……………………………………………………………………………….

Signed ……………………………………. Date………………………………….

Please Note

The ARC insurance policy provides public liability cover. It protects clubs, their officers, coaches , leaders, officials and voluntary workers in connection with any ARC permitted event or other club activity. It does not provide accident, medical or property insurance ( storm damage, fire, theft, loss etc) except in circumstances where these give rise to a claim for negligence or other liability. However recent legal requirements mean that:

1. All injuries, accidents or incidents which could give rise to a claim must be reported to ARC within one week. Any injury which, in a place of employment, would be recorded in an Accident Book, should be reported to ARC using this form or in some other written form.

2. Any insured person or club who receives notice of a claim must forward it to ARC within one week of receipt.

3. Please email a copy of this form to budleighrunners@gmail.com

Failure to observe these requirements could invalidate the cover Association of Running Clubs, Michael White, 19 Sheephouse Green, Wotton, Dorking, Surrey, RH5 6QW.

E-mail secretary@runningclubs.org.uk