

In the event of an incident where the injured party refuses First Aid treatment, the SeaTREK Guide and participant will need to complete the following form. The completed form should be submitted ASAP (within 24 hrs.,) along with the completed Incident Report Form to **Sub Sea Systems®**

**Incident Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Incident Time:** \_\_\_\_ : \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

**Incident Location:** \_\_\_\_\_ **Weather Conditions:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:**  M  F

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Parent or Guardian (if minor):** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Medical Insurance:**  Y  N

\* Please attach additional sheets if more room is required. Label description by Section.

**Section E**

● **How injury occurred (to be completed by injured participant):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section F**

● **I have knowingly refused First Aid for the following reason (to be completed by injured participant):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

● **Injured participant—THE ABOVE INFORMATION IS CORRECT**

**I refuse First Aid:** (print name) \_\_\_\_\_

Injured Participant Signature: (X) \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent or Guardian, of Injured participant:** (if minor)

Parent or Guardian Signature: (X) \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I have reviewed the incident and discussed all options with the injured participant. The above information is true and accurate to the best of my knowledge.

**Guide Name:** (Print) \_\_\_\_\_ **Guide ID#:** \_\_\_\_\_

**Guide Signature:** (X) \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

● **FAX THIS FORM WITH COMPLETED STANDARD INCIDENT REPORT FORM IMMEDIATELY TO Sub Sea Systems® (530) 626-0113 OR E-MAIL TO [insurance@subseasystems.com](mailto:insurance@subseasystems.com).**