

Curves Incident Report Form

THIS FORM MUST BE SUBMITTED WITHIN 24 HOURS AFTER THE INCIDENT,
AND MUST BE ACCOMPANIED BY ALL BACKUP INFORMATION.

***MUST
INCLUDE***

Policy # _____

Franchise # _____

LEGAL

BUSINESS NAME: _____

LOCATION ADDRESS: _____

PHONE: _____ FAX: _____

This individual is a: club member visitor employee other _____

Incident Date: _____ Time: _____ a.m. p.m.

Reported by: _____

Name of individual involved in Accident: _____

Address _____ Phone: _____

If equipment was involved in accident, please check the appropriate box:

Bicep/Tricep Leg Extension Shoulder Press Hip Abductor

Chest/Back Squat Ab/Back Leg Press Recovery Board

Pec Dec Glute Oblique Dip Shrug Other (Please explain)

Give details of alleged injury _____

Give any witnesses names and phone numbers _____

Was medical attention required? Yes No Was medical attention offered but refused? Yes No

If medical attention was given, type and by whom? _____

Did the injured person leave scene of incident unassisted? Yes No

If no, how were they transported? _____

Any additional information relative to the above incident (if any). _____

COMPLETED BY: _____ **DATE:** _____

Please fax this form to (601) 707-1035 or mail to Sports & Fitness Insurance Corporation, Post Office Box 1967, Madison, MS 39130-1967.