**Injury Report**

|  |  |
| --- | --- |
| Date and Time of Injury Occurrence |  |
| Injured Person |  |
| Injury Type (e.g. bruise, strain, etc.) |  |
| Injured Area (e.g. arm, leg, etc.) |  |
| Related to a previous condition? |  |
| Previous condition disclosed at start of course?(If applicable) |  |
| Module when injury occurred, if applicable |  |
| Technique when injury occurred, if applicable |  |
| Was first aid administered? |  |
| Factual description of the injury and the relevant circumstances before, during and after it’s occurrence |

**Declarations**

This is an accurate reflection of the injury and the circumstances before, during and after it’s occurrence.

I consent to Maybo processing my personal data regarding my injury for the purposes of investigating the incident and notifying its insurers. Maybo processes personal data in accordance with its [Privacy Policy](https://www.maybo.com/privacy/) at <https://www.maybo.com/privacy>.

**Injured Person**

**Name: Signature: Date:**

**Trainer**

**Name: Signature: Date:**