





**User Group Injury Form** – The School District will not manage your injury claim but needs to be informed of the event. If there is an injury during your facility rental and the injury is reported to your insurance company, fill out this form and return it to Plant Services in person at 160 Rainbow Road, scan to [booking@sd64.org](mailto:booking@sd64.org), or fax 250 537 9708.

Injured Party Information			
Last Name		First Name	
Phone		Email	

Event Details			
Event Name		Contact Name	
Contact Phone		Contact Email	
Insurance Provider		Policy Number	

Date of Incident		Time of Incident	
Describe how the incident happened:			
Describe the injury in detail (what part of the body was injured):			
Describe the location in the building where the injury happened:			
Witness Name 1		Witness Contact 1	
Witness Name 2		Witness Contact 2	