



## ISF ACCIDENT INSURANCE CLAIM FORM

### Race data:

Event name: \_\_\_\_\_

Event date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location: \_\_\_\_\_ Country: \_\_\_\_\_

### Athlete's data:

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Residence address: \_\_\_\_\_

Phone: + \_\_\_\_\_ Email: \_\_\_\_\_

### Accident details:

Date of the accident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of the accident: \_\_\_\_\_

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Injury suffered: \_\_\_\_\_

Race marshalls/volunteers/doctors/athletes who attended the accident:

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NB- Please provide [athletes@skyrunning.com](mailto:athletes@skyrunning.com) with all the medical documentation to evaluate the injury.