Ansteorran Experiment Reporting Form

Date: _____ **Event/Practice:** _____ **Location:** _____

Type of Experimental Items Used: _____

Total Number of Experimental Items Used: _____

Total Number of Uses: _____

Total Number of Participants: _____

Authorized Marshals : _____

Group Discussion Summary (list major discussion points and any conclusions or suggestions)

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Injuries: (Include cause(s), was this a pre-existing injury, terrain at the site, and any equipment that may have contributed to the injury? Be specific.)

Names of Injured Participant(s): _____

Name of other(s) involve _____

Type of Injuries: _____

Description of circumstances: _____