

Going Places Ltd

Client Questionnaire – Sample

Please complete the following information before walking with Going Places Ltd. This information helps us to accommodate your needs and preferences. Thank you.

Trip Name: _____ **Trip Date:** _____

Name: _____

Age: _____ **Male** _____ **Female** _____

Height: _____ **Weight:** _____

Walking Ability

Please indicate your usual distance and terrain

Usual walking distance per day 1-4 kms _____ 5-10 kms _____ 10 + kms _____
Usual Terrain Footpaths _____ Tracks _____ Marked Routes _____

Additional Walking Experience

Physical Activities

Please describe other types of physical activities that you engage in regularly

Activity: _____ Times per week: _____ Duration: _____
Activity: _____ Times per week: _____ Duration: _____
Activity: _____ Times per week: _____ Duration: _____

Do you have any special dietary needs? Please specify

Please list and physical limitations or conditions, medications being taken, or other health problems: _____

Do you have any special interests and/or hobbies that are applicable to this tour? _____

Going Places Ltd
Accident/Incident Report Form

Trip Name: _____ Date: _____

Guide Reporting: _____ Date: _____

1. Location

2. Time and Date of incident / accident

3. Name of Injured Person

Address and Phone No.

Name of Injured Person

Address and Phone No.

4. How did the Accident /Incident Occur?

5. What was the Nature of Injury?

6. Describe the Action Taken at the Scene of the Accident/Incident

