

Toba Adventures Customer Detail Form

- Type of Adventure trip: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

As in Your Passport

- Surname: _____ Given Names: _____
- Passport Number: _____ Issued Country: _____

The details gathered in this form will help us ensure that you receive the best possible care during your Toba Adventures program. This information will only be shared with the necessary medical providers if required. If you do not provide the requested information, we may not be able to respond adequately to an emergency or unusual situation. All the information we collect from you can be accessed and updated at any time.

Personal Details

- Age: _____ Birth of Date: ____ / ____ / ____ Sex: F ☐ M ☐ Height: _____ cm Weight: _____ kg.
- Address & Country: _____
- Phone No: _____
- Emergency Contact Name, _____ Phone No: _____
Relationship to You: _____
- Your Doctors Name: _____ Phone No.: _____
- Name of Travel Insurance Company: _____
- Travel Insurance 24 hr. Contact Phone No.: _____
- Travel Insurance Policy Number: _____
- Arrival Date: ____ / ____ / ____ Time: _____ Flight No.: _____
- Departure Date: ____ / ____ / ____ Time: _____ Flight No.: _____

Adventure & Expedition Experience Details

- Have you participated in adventure & Expedition trips before? Yes ☐ No ☐ If yes, please list:

- Have you paddled sea kayak? Yes ☐ No ☐ Whitewater Kayak? Yes ☐ No ☐ Rafting? Yes ☐ No ☐
- Have you participate in hiking Yes ☐ No ☐ Jungle trekking Yes ☐ No ☐
- Can you drive motorbike? Yes ☐ No ☐
- For Kayaking Would you call yourself a: ☐ BEGINNER ☐ INTERMEDIATE ☐ EXPERT
- Have you done any sea kayaking courses? Yes ☐ No ☐ If yes, please list them, outlining when and where

- Have you paddled in the open ocean before (outside harbours and estuaries)? Yes ☐ No ☐ If yes, please list them, outlining when and where

- Have you paddled in windy conditions i.e. 10-15 knot=5-8 m/s winds or more? Yes ☐ No ☐

7. How many times have you paddled in the last two years?

☐ 0 times ☐ 1-5 times ☐ 6-20 times ☐ 20 times or more

8. Can you swim 50 meters? Yes ☐ No ☐ Swimming ability: Weak ☐ Average ☐ Strong ☐

Health and Medical Information

- What is your current physical condition:
- Please list any known allergies:
- Do you suffer from Anaphylaxis (severe allergic reaction)? Yes ☐ No ☐. If yes, when was your last severe allergic reaction? Please provide us with a detailed allergy management plan.

- Do you have any physical limitations?

- Last Tetanus inoculation/booster: / / (We recommend current inoculation)
- Date of Hépatites inoculation : / / (We recommend Hépatites A & B inoculation)
- Are you currently taking any medication? Yes ☐ No ☐ Details (including dosage, frequency & name):

- Have you been under a Doctors care in the last 12 months? Yes ☐ No ☐. If yes, please list:

Do You Have a History of the Following (if yes, please add details/ medications)?

- Raised Blood Sugar? Yes ☐ No ☐
- Heart or Circulatory disease? Yes ☐ No ☐
- Asthma? Yes ☐ No ☐ If yes, how often are the attacks? Please provide asthma management plan&medications list.

- Epilepsy? Yes ☐ No ☐ If yes, List any medication and date of last attack:

- Diabetes? Yes ☐ No ☐ If yes, List medication (if any)

- Digestive or Bowel disorders? Yes ☐ No ☐ If yes, specify.

- Joint Injury? Yes ☐ No ☐ Specify date of Injury and Joint.

- Surgical operations? Yes ☐ No ☐ If yes, specify.

- Anxiety, depression or other mental health disorders? Yes ☐ No ☐ List medication (if any):

- Do you have any other condition we should be aware of? Yes ☐ No ☐ If yes, please list:

Important Notice to be signed

I acknowledge that by participating in the activities organized by Toba Adventures, I accept the inherent risks involved, certain other risks & dangers may be encountered which may include: remoteness to normal medical services; moderate physical exertion for which I may not be prepared; weather extremes subject to sudden unexpected change; evacuation difficulties if I am disabled. I agree to observe & comply fully with the safety standards & procedures as described by Toba Adventures guides. I authorize Toba Adventures to arrange medical treatment at my cost if necessary and will not hold them responsible for any injury, illness, or loss of personal property during the trip. The information contained herein is correct so far as I know. If my medical condition changes before my trip I will immediately inform Toba Adventures.

NOTE! I have read and agree to the attached Term and Conditions of Toba Adventures for the trip.

Date: __ / __ / ____ (DMY)

Signature or Parent/Guardian Signature*:

Name Clarification*:

**Must be completed for participants under age of 18. Please also write in the name clarification for which participant it is!*

Contact:

Indonesia

Carles Simson Email: info@tobaadventures.com Phone: +628116155225 Address: Jl. Ebony II no 9A, Tangerang – Indonesia

Czech

Vendula Herzanova Email: VendulaHerzanova@seznam.cz Phone: +420603881247 Address: Oloumuch, Czech Republic