



# OLD WAY

*Live the Legacy*

## Rider Health & Experience Questionnaire

To be completed and sent back before booking

### **Guest Details**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport No: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_

Emergency Phone + Country Code: \_\_\_\_\_

Travel Insurance:  Yes  No

Details:

Medical Insurance:  Yes  No

Details:

### **Section 1: Riding Experience**

1. Years riding experience:  0-1  1-3  3-5  5+ years

2. Frequency:  Weekly  Monthly  1-2x per year  First time in years

3. Riding background:  Arena  Trail  Mountain/Rough terrain  Hunting

4. Comfortable at:  Walk  Trot  Canter  Gallop

5. Can mount/dismount unassisted:  Yes  No

6. Ridden in bush/open terrain before:  Yes  No

Details:

7. Any fear of horses or past riding accidents:  No  Yes

Details:

**Section 2: Medical Information**

8. Blood Type:  A +  A -  B +  B -  AB +  AB -  O +  O -

9. Medical conditions:  None  Yes

Details: e.g. heart, asthma, epilepsy, diabetes, blood pressure

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10. Back/neck/joint/hip problems:  No  Yes

Details:

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11. Do you bleed easily or use blood thinners:  No  Yes

Details: e.g. hemophilia, Warfarin, Aspirin

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12. Allergies:  None  Yes

Type + reaction: e.g. medication, bee/insect stings, food

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13. Current medication:  No  Yes

Name + reason:

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14. Physical limitations/pregnancy/recent surgery:  No  Yes

Details:

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**Section 3: Horse & Gear Fit**

- 15. Weight: \_\_\_\_\_ kg / \_\_\_\_\_ lbs
- 16. Height: \_\_\_\_\_ cm / \_\_\_\_\_ ft-in
- 17. Boot size: EU \_\_\_\_\_ / US \_\_\_\_\_
- 18. Own riding boots:  Yes  No
- 19. Own riding helmet:  Yes  No

**Declaration**

I confirm the information above is true and complete. I understand horseback riding in bush/rough terrain carries inherent risks. I will inform guides immediately of any changes to my health during the safari.

**Privacy & Data Protection Notice - POPIA**

Old Way Adventure Safaris collects your personal and health information solely for guest safety, emergency response, and horse allocation purposes. Your information will be kept confidential, stored securely, and only accessed by authorized staff and guides who require it for your safari. We will not share your medical details with third parties except in medical emergencies or where required by law. By signing, you consent to this collection and processing in accordance with the Protection of Personal Information Act 4 of 2013 (POPIA).

I consent to the collection and use of my personal information as stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_