Kimberley Wild Expeditions



Shop 20 Johnny Chi Lane • PO Box 3434 • Broome WA 6725 Tel: 08 9193 7778 • Bookings: 1300 73 88 70 • Fax: 08 9192 2997 Email: sales@kimberleywild.com.au • ABN: 66 122 625 567

KIMBERLEY WILD EXPEDITIONS FITNESS AND MEDICAL ADVISORY

This tour is suitable only for REASONABLY FIT AND ACTIVE people. How can I assess my fitness level?

Please tick the boxes that apply:

□ I can hike 3-4kms A DAY over uneven/rocky terrain and up/down steep paths, through narrow gorges/rock faces and along cliff edges without any assistance.

□ I am a confident swimmer and understand itineraries may include swimming in waterholes, under waterfalls, wading through water or water based activities.

□ I am prepared and able to walk and travel in high temperatures and humidity – up to and more than 35 degrees centigrade and 90% humidity.

 \Box I can sleep on the ground on a swag/bedroll (2-3 inch foam mattress) with a sleeping bag.

□ I will adhere to the STRICT luggage limit of 10-15kgs per person in a small soft bag and can lift my luggage in and out of the vehicle as required without assistance. I am also able to enter/exit the vehicle using the stairs/ladder provided.

□ I understand that this is a hands on tour and participation in meal preparation, collecting firewood and general assistance to the guide (and host, where applicable) is appreciated.

If you have any pre-existing medical conditions, please detail below:

If you have NOT ticked most of the above boxes then you should reassess your suitability. Alternative travel options may be more suitable for you and we are happy to discuss these with you and/or your travel agent.

Irrespective of whether you have ticked all the boxes, Kimberley Wild Expeditions reserves the right to assess your fitness capability on or before the first day of travel. If we are in doubt to your suitability we may ask for a recent medical certificate issued by a local Australian Doctor to be presented to us.

In either case Kimberley Wild Expeditions' decision will be final and no further correspondence will be entered into. Thank you for your understanding and consideration.

I confirm I have read the above document and agree to the terms and conditions of travel:

DATE:

SIGNED: ____

_____ PRINT NAME: ___



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