

**HORIZON GUIDES PTY LTD RESERVATION REQUEST / MEDICAL FORM 2025**

Horizon Guides P/L 494 Mt French Rd Boonah Qld 4310 Mob 0417 760 966 [walks@horzonguides.com.au](mailto:walks@horzonguides.com.au) ABN 41 932 608 543

Please complete your details below to reserve walks. By signing you are agreeing to Horizon Guides Terms & Conditions\*. Sign the declaration and return this form by email or post. Payment of AU\$500 pp deposit is required for each TOUR booked and an invoice for the balance will be issued for payment 60 days prior to departure. For DAY HIKES, payment is due 14 days in advance. You will be notified that your booking is received. **If the walk is full you will be placed on a waiting list.** Thank you ~ we very much look forward to sharing these trips with you ☺ \*T&Cs will be emailed with this form or download from our website.

**WALKS, TOURS & EVENTS RESERVATION**  
TOUR/EVENT 1: ..... Departure Date: .....  
TOUR/EVENT 2: ..... Departure Date: .....

**DAY WALKS RESERVATION.** (Tick the boxes that correspond to the walk number you wish to book)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18
<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30

**GUEST DETAILS**  
First name/s: .....  
Surname: .....  
Preferred name: .....  
Date of Birth: .....  
Address: .....  
Suburb/Town: ..... State: ..... Postcode: .....  
Ph (Land): ..... (Mob): .....  
Email: .....  
Preferred method of contact: .....  
Emergency Contact: .....  
Relationship to you: .....  
Emergency contact number: .....  
**For extended tours only - Room preference (circle)**  
twin / double / sole use (if available)  
Name of travel companion on tour. ....  
How did you hear about Horizon Guides? .....

In signing this Reservation Form, I acknowledge that I have read and understood the *Booking Terms and Conditions* and accept the limitations and obligations set out in those T&Cs. In the case of an emergency, I authorise the Horizon Guides tour guide/s, under circumstances where they cannot communicate with me, to administer first aid and to arrange for me such medical treatment as may be deemed necessary. I also undertake to pay or reimburse all costs, which may be incurred for evacuation and medical treatment.  
If you are 18 years or younger, this form must be signed by your parent or legal guardian.  
Signed ..... Date: ..../.../...

Horizon Guides Pty Ltd Bank Account Details  
BANK: Bendigo Bank  
BSB: 633 000  
ACCOUNT No.: 131420531  
ACCOUNT: Horizon Guides Pty Ltd ATF Horizon Trust

**MEDICAL DETAILS & CONSENT**  
On bushwalks, emergency medical care will not be immediately available. It will be helpful for us to be aware of your medical conditions and any recent injuries that may impact on your care, in the event of an incident, so that we can provide the best first aid support.  
*Do you have any of the following conditions?  
If the answer is 'yes' please attach details.*  
Environmental allergy eg grasses, bees, wasps .....  
.....  
Food allergies / dietary restrictions (eg gluten) .....  
.....  
Medication allergies Yes / No If Yes – specify.  
.....  
Have you experienced anaphylaxis to any of the above?  
Yes / No  
Were you hospitalised? Yes / No **Date:**  
Do you carry an Epi-Pen, antihistamines? Yes / No  
Asthma or other respiratory conditions? Yes / No  
Epilepsy, seizures or blackouts? Yes / No  
Heart conditions? Yes / No  
Have you had heart surgery? Yes / No  
Are you diabetic? Yes / No  
Blood Pressure: **High** Yes / No or **Low**? Yes / No  
Migraines? Yes / No  
Vision impairment? Yes / No  
Fear of Heights? Yes / No Vertigo? Yes / No  
Are you pregnant? Yes / No  
Please list any medications you are taking.....  
.....  
Any other condition that you think we should know about? .....  
Any surgery or injuries in the previous 12 mths?  
.....  
We may contact you for clarification if you have any of the conditions listed above.