



## Self-Assessment Form

We want you enjoy your trip while travelling with Big Planet Adventures Pty Ltd, so we would like you to read and complete this form before you travel with us to Cuba.

Please be aware that a trip to Cuba with Cuban Adventures is a little different!

A few thing you need to know:

- Cuba is often extremely hot and humid, making all physical activity more challenging.
- On all our trips travellers are required to carry their own bags.
- In Havana many of our homestays are in multi story terrace style accommodation in Old Havana.
- Some of our activities may involve a large amount of walking (although most activities are optional).
- The forms of local transport we use vary greatly in comfort level, as does the standard of accommodation we use.

All travellers should therefore be of good physical health to be able to participate fully in the group travel experience. While out tour leaders will do everything possible to assist you during the tour, they cannot be completely responsible for caring and assisting one individual during a group tour. This is why we also highly recommend that travel for over 70's is easier when accompanied by your own travel companion. We ask you to realistically self assess your ability to complete the trip and please consult with your doctor and/or us if you have any doubts.

It is also very important for your own health and safety that you inform us of any pre-existing medical conditions before travelling. We rarely refuse anyone a place on a trip for medical reasons, but in the event of a medical emergency this can be crucial.

Traveller's name \_\_\_\_\_  
Name of Trip(s) and departure date(s) \_\_\_\_\_  
Details of any pre-existing medical conditions \_\_\_\_\_  
Details of any medication taken regularly \_\_\_\_\_

- I have provided details of my pre-existing medical conditions and agree to this information being disclosed to the group leader of my trip.
- I understand that I am responsible for the self-management of any medical condition while travelling with Cuban Adventures.
- I agree to advise of Cuban Adventures of any change in my medical condition prior to travel.

Signed \_\_\_\_\_ Date \_\_\_\_\_