

Agrotourism Training



Worksheets | Handouts

Version 1 | July 2023



Contents

Unit 3: Worksheet 1: Service Quality	3
Unit 3: Handout 1: Sample feedback form for guests or visitors:	4
Unit 4: Handout 1: Template for Indemnity Form	5

Unit 3: Worksheet 1: Service Quality

1. Think about the quality of all aspects of service in each of these four basic steps
2. View these through the eyes of the visitor.
3. What can you do to make their experience of your agrotourism product a good one from start to finish?


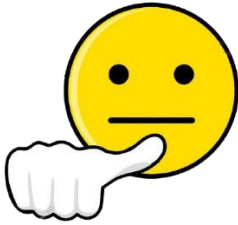

Pre-arrival:

Arrival:

Using the product or service:

Departure:

Unit 3: Handout 1: Sample feedback form for guests or visitors:

<name of attraction/agrotourism product>		
Rate your Activity/Meal/Accommodation/Experience		
		
8 – 10	5 – 7	0 - 4
Date:		Name/room/table no:
Your comments to us: <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>		

Unit 4: Handout 1: Template for Indemnity Form

INDEMNITY FORM

I hereby apply / give permission for myself / my child to participate in the <insert activity name>, organised by <insert business name>.

I understand that the <insert activity name> includes adventure-based outdoor activities that can include, but are not limited to: adventure courses, trail running, arv riding, mountain biking, canoeing, rock climbing, hiking, horse riding, swimming/ paddling, obstacle courses.

I acknowledge that I am aware that these activities are potentially hazardous and the risk of personal injury or accident cannot be excluded. I further confirm that I am aware that some of these activities can be physically challenging.

I confirm that I am/my child is physically well and fit and am/is able to participate in exercise of this nature without undue risk to my/his/her health.

I accordingly hereby undertake and agree to indemnify <business name>, their partners, employees and any individual involved in assisting with the organisation, against any liability and any/all process and proceedings, claims, damages, interest, cost and/or expenses however arising which may result from any accident or injury to myself/my child or to my/his/her possessions, howsoever caused, and whether due to any act or omission by or on behalf of the aforesaid person.

I undertake to ensure that I have enough medical and other insurance in place to meet any such cost, loss or injury. Activities marked with an asterisk (*) are included in this activity.

Name: _____

Participant Full Name: _____

Signature (or parent's signature if under 21): _____

Full Name of parent if child under 21: _____

Date: ____ / ____ / 202__