

# HOMESTAY APPLICATION

Approximate Arrival Date:

Approximate Departure Date:

**Name:**

Mr. Mrs. Ms.

Last Name:

First Name:

Middle Name:

**Sex:** Male Female

**Mailing Address:**

Address:

City:

State/Province/Prefecture:

Zip Code:

Country:

**Permanent Address:**

Address:

City:

State/Province/Prefecture:

Zip Code:

Country:

**Additional Information:**

Telephone Number(s):

Facsimile:

Email:

Date of Birth:

Passport Nationality and Number:

English speaking ability: Very Good Good Fair Poor

Do you have any special requirements?  
If so, please explain:

Are you taking any medications other than over the counter medication  
or birth control? Yes No  
If so, please explain:

Do you have any allergies? Yes No  
If so, please explain:

Do you have any other health related issues that your host family should  
be aware of? Yes No  
If so, please explain

Do you smoke? Yes No  
(It is difficult to find host families for applicants who smoke. You may be  
asked to smoke outside.)

**Personal Preferences:**

Would you like to stay with a host family who has children? Yes No

Do you like pets? Yes No

What would you like your host family to know about you?

What kinds of activities do you like?

How long would you like to stay with your host family?

**Emergency Contact Information:**

Name:

Relationship:

Address:

City:

State/Province/Prefecture:

Country:

Zip Code:

Home Telephone (country-city code-number):

Work Telephone:

Cellular Telephone:

E-mail:

**Payment Options:**

You may pay the placement and airport pick up fee by check, money order, or credit card.

**Signatures:**

To expedite this application, the Undersigned acknowledges that digital signatures and Transmitted Copies of this application will be fully binding and enforceable. "Transmitted Copies" will mean copies that are produced or transmitted via photocopy, facsimile, e-mail or other process of complete and accurate reproduction and transmission.

**Affirmation of Veracity of Application:**

The Pacific Language and Cultural Exchange reserves the right to use its own discretion when accepting applicants. Applicants providing false information on this Application can be immediately expelled from the Homestay Program.

I have reviewed the above statement, understand its contents, agree to its terms, and verify that all information I have provided on this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver of Liability:**

I am voluntarily agreeing to participate in the Homestay Program. As consideration for my participation, I agree as follows:

I hereby release, waive, discharge and covenant not to sue the PLACE, its members, employees, contractors, agents and their heirs, administrators, executors, successors, and assigns (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Homestay Program.

I further hereby agree to indemnify, save and hold harmless the releasees, from and against any loss, liability, damage or costs they may incur due to my participation, whether caused by the negligence of myself or any third party.

It is my express intent that this Waiver of Liability, Release and Hold Harmless Agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased.

Should I require emergency medical treatment as a result of accident or illness arising during my participation in the Homestay Program, I consent to such treatment and hereby authorize the PLACE, as an agent for me, to consent to such medical treatments or hospital care. I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I expect my emergency contact to be notified as soon as possible.

I further agree that this Waiver of Liability, Release and Hold Harmless Agreement is to be construed in accordance of the laws of the State of Washington and is intended to be as broad and inclusive as permitted by the laws of the State of Washington. If any portion hereof is held invalid, I agree that the remainder of the Waiver shall, notwithstanding, continue in full legal force and effect. The venue for any dispute that may arise out of this agreement or otherwise between the parties shall lie in King County, Washington.

I have read and understood this release and have signed it willingly. I am eighteen (18) years of age or older and competent to execute this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are under 18, please have your parent or legal guardian sign below.**

I am the parent or legal guardian of the applicant. I have read and understood this release, agree to its terms, and have signed it voluntarily.

Printed Name of Parent/Legal Guardian:

Signature \_\_\_\_\_ Date \_\_\_\_\_