

HOMESTAY APPLICATION

Approximate Arrival Date

Approximate Departure Date

Name:

Mr. Mrs. Ms.

Last Name

First Name

Middle Name

Sex: Male Female

Permanent Address:

Address

City

State/Province/Prefecture

Country

Zip Code

Additional Information:

Phone:

Email:

Date of Birth:

Nationality and Passport Number:

English speaking ability: Very Good Good Fair Poor

Questionnaire:

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 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 do you plan to stay with your host family?

Emergency Contact Information:

Name

Relation

Address 1

Address 2

City

State/Province/Prefecture

Country

Zip Code

Home Phone (country-city code-number)

E-mail

Payment Options:

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

Signatures:

To expedite the process of entering into this agreement, the Undersigned acknowledges that digital signatures and Transmitted Copies of this agreement 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 the 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 a member of my family, or to any property belonging to me or my family, 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.

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 a 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.

Parent/Guardian
Signature _____ Date _____