

## HOUSING AND TRANSPORTATION FORM

Please return these forms **no later than 4 weeks** prior to the beginning of your program to:

Hawai'i Pacific University  
Road Scholar Program  
3566 Harding Avenue, Suite 202  
Honolulu, Hawai'i 96816  
Fax: (808) 732-9555

**PROGRAM NUMBER YOU ARE ATTENDING: 2617**

**PROGRAM DATES:** \_\_\_\_\_

Your Name as listed on the I.D. you will be using for airline check-ins:

\_\_\_\_\_

Last	First	Middle Name or Initial
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Traveling Companion's Name (if applicable) as listed on the I.D. he/she will be using for airline check-ins:

\_\_\_\_\_

Last	First	Middle Name or Initial
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Name/Nicknames you wish printed on nametag: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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### ACCOMMODATION REQUESTS

Non-smoking  Smoking

People traveling independently will be assigned to a room with two beds. If traveling with a roommate, do you prefer:

One Bed  Two Beds

**(We will do our best to obtain your preferred bedding arrangements, but can make no guarantees.)**

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### HAWAII ARRIVAL & DEPARTURE INFORMATION

Please note that you need to arrive & depart in Honolulu, O`ahu (HNL)  
After you have made your own reservations, please complete the following.  
If your plans change, please notify us.

Arrival Date \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Arrival Time \_\_\_\_\_

Departure Date \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Departure Time \_\_\_\_\_

If you are arriving prior to your program's start date or departing after your program's end date, where will you be staying?

Before Program \_\_\_\_\_

Dates \_\_\_\_\_

After Program \_\_\_\_\_

Dates \_\_\_\_\_

## PERSONAL INFORMATION

Please fill out this information. It will assist us in getting to know you. If you are traveling independently, please skip the questions referring to Traveling Companion.

Are there any birthdays or anniversaries during your program with us? (If so, please tell us the date and occasion):

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Your talents and interests \_\_\_\_\_

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Traveling Companion's talents and interests \_\_\_\_\_

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The one thing I would most like to see, learn, or do during this program is \_\_\_\_\_

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Traveling Companion (same question as above) \_\_\_\_\_

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Have you attended a **Pacific Islands Institute** Road Scholar Program before?

Yes  No

When? \_\_\_\_\_

Where (Hawai`i – O`ahu, Maui, Kaua`i, Hawai`i Island; South Pacific)? \_\_\_\_\_

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What program format? (Land-based, Shipboard, Active - Snorkeling, Cycling, Hiking/Surfing/Kayaking, etc.)

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## US Programs Health & Safety Form

Program # and Date \_\_\_\_\_

Name (*legal name*) \_\_\_\_\_

Nickname (*for name tag*) \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone (*or alternate phone*) \_\_\_\_\_

Age \_\_\_\_\_ Birthday (*mm/dd/yyyy*) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Female

Male

Nonsmoker

Smoker

Traveling Companion/Roommate Name (*if any*) \_\_\_\_\_

### Person to notify in event of an emergency / next-of-kin (*someone other than your traveling companion*):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell and/or work phone \_\_\_\_\_

### MEDICAL INFORMATION AND RESTRICTIONS (*Please read information on reverse before completing this section*)

Do you have **medical condition(s)** such as allergies, injuries, diabetes, emphysema, heart condition, seizures, recent surgery, or others that would be important to know about in case of an emergency?  No  Yes

*If "Yes," please specify:*

Do you have any **impairment(s)** or **restriction(s)** such as impaired mobility, hearing, vision, etc., that may prevent you from participating fully in the entire program as described by the program description or may require special rooming and/or arrangements, equipment, or assistance for you to participate in the program?  No  Yes

*If "Yes," please specify:*

Do you use or transport any of the following items?  Cane  Walker  Wheelchair  Scooter  Oxygen  CPAP

*If "Yes," please specify which one(s), the extent to which you depend on the item(s), and if you will bring to the program:*

Do you require prescription or other medication(s) on a regular basis?  No  Yes

*If "Yes," please list and indicate reason(s) for taking (attach another page if more space is needed):*

Do you have any **restrictive food allergy(s)**?  No  Yes  
If "Yes," please specify:

*\*Please note: Participants, not Road Scholar or Program Providers, are solely responsible for making sure they do not consume foods to which they are allergic.*

Is there any additional information you would like us to know?

Do you have private medical/accident/illness insurance coverage (other than Medicare)?  No  Yes  
If "Yes," please specify:

\_\_\_\_\_  
Name(s) of Insurance Company(s) and Policy Number(s)

\_\_\_\_\_  
Primary Care Physician (Road Scholar reserves the right to contact your physician)

\_\_\_\_\_  
Phone (24-hour emergency # if available)

**Medical & Physical Needs**

Road Scholar is committed to providing reasonable accommodation to enable individuals with special medical and physical needs to participate in our programs. However, Road Scholar cannot ensure your comfortable participation if you have not shared your individual needs with us in advance. Road Scholar catalogs and our website request that you share your individual needs with Road Scholar at the time of your registration. **If you have not already done so, you must do so now by calling Road Scholar's Participant Services team toll free at (877) 426-8056, not the Program Provider, so that we can determine if your needs can be accommodated.** After consulting with the Program Provider and personnel at the program sites, Road Scholar will contact you with further information on matters such as the suitability and functionality of your requests, the physical demands of the program, or the availability of dietary options. If you do not call to advise Road Scholar of your requirements

or special needs well in advance of your program, we may not be able to accommodate your requests once you arrive on the program. Please note that special dietary requests **CANNOT** be guaranteed. Alternative meal choices are available only if specifically offered (see Road Scholar catalogs and website for meal options) **AND** requested in advance.

**Terms and Conditions**

The granting or denial of admission to a program is within the sole discretion of Road Scholar. Road Scholar may revoke admission or limit or terminate participation at any time if, in the opinion of Road Scholar, a participant's condition, behavior or actions are problematic, inappropriate or disruptive. Road Scholar reserves the right to take action as needed on an individual or group basis when, in Road Scholar's sole opinion, the health, safety or well-being of participants requires such action. With this in mind, carefully consider the travel and program demands as

described in Road Scholar materials and consult with your physician about participating well before departure. If you are not confident in your abilities and wish to reconsider your enrollment in the program, please call Road Scholar toll free at (877) 426-8056 and we will be happy to assist you in finding a more suitable program.

**Emergencies**

As noted in the **Road Scholar Travel Assistance Plan** brochure included with your enrollment notice, emergency evacuation insurance is included in the cost of your program. Should you become ill or injured during the program, notify program staff as soon as possible. They will make every reasonable effort to find local medical help. It is essential that you include on this form all information that would be important to know in an emergency or that could affect your participation in the program.

Every individual enrolled in a Road Scholar program is required to complete, sign and return this confidential form to the Program Provider noted to the right no less than **three weeks** prior to the start date of the program. **Failure to submit a signed Health & Safety form no less than three weeks prior to the start of your program may result in the termination of your program enrollment.**

I have read, understand and agree to the terms and conditions as described above and declare the answers to the above questions are true and complete. I attest that I am in good general health and capable of performing all program activities as described by the program description and its corresponding Activity Level.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Return this form to:**

# MIGHTY MO SERVICE PROGRAM SKILLS QUESTIONNAIRE

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Please return these forms **no later than 4 weeks** prior to the beginning of your program to:

Road Scholar Program  
c/o Pacific Islands Institute  
3566 Harding Avenue, Suite 202  
Honolulu, Hawai'i 96816  
Fax: (808) 732-9555  
E-mail: info@pac-island.com

**PROGRAM NUMBER: 2617**

**PROGRAM DATES:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**TRAVELING COMPANION (IF ANY):** \_\_\_\_\_

**Please help us prepare for the program service work. In order to make sure you get the most out of your program, please be as honest as possible. Don't worry; there's a job for everyone!**

	<b>Question</b>	<b>Answer</b>	<b>Comments</b>
<b>1</b>	Do you have any carpentry skills? If yes, please describe, including any tools you regularly use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Can you work with latex (water based) paint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Do you have a steady hand for painting detailed work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Can you work with varnish?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Do you have any library or administrative experience which would be helpful in cataloging and filing blueprints and/or other items?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Are you comfortable working on the computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MIGHTY MO SERVICE PROGRAM QUESTIONNAIRE

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	<b>Question</b>	<b>Answer</b>	<b>Comments</b>
7	Can you walk up and down several flights of steep stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Can you work on your hands and knees for a couple of hours at a time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Can you stand on your feet for more than an hour?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Do you have any medical conditions or unusual sensitivity which would preclude or limit your ability to work in the direct sun? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Are there any special skills or interests which you might have which are not covered in this questionnaire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROGRAM NOTE:** Work appropriate clothing required including sneakers with sturdy tread bottoms. Hats or visors as well as sunscreen are advised.

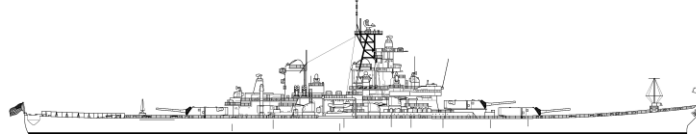
**MAHALO FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!**

# USS MISSOURI MEMORIAL ASSOCIATION ENCAMPMENT PROGRAM WAIVERS AND RELEASE FORMS



REVISED: 16 SEPTEMBER 2008

PREPARED/REVISED BY: NEIL YAMAMOTO  
USS MISSOURI ENCAMPMENT COORDINATOR



## Release and Hold Harmless Agreement

In consideration of being allowed by the Missouri Memorial Association to conduct an overnight stay on board the battleship Missouri on the date(s): \_\_\_\_\_ at the battleship's berth at Pier Foxtrot 5, Ford Island, Pearl Harbor, Hawaii (the visit), I, the undersigned, for myself, my heirs, executors, administrators and assigns, and on behalf of any and all members of the group:

\_\_\_\_\_ in my care, custody and control, hereby FOREVER RELEASE AND DISCHARGE THE "RELEASED PARTIES" FROM ANY "CLAIMS" WHICH MAY ARISE AS A RESULT OF ANY DAMAGE, INJURY, DEATH, OR HARM TO THE RELEASOR, OR ANY OF THE RELEASOR'S PROPERTY, WHICH DOESOR MIGHT OCCUR:

- (1) During the Visit;
- (2) At any time I am on board the battleship Missouri during the Visit;
- (3) At any time I am embarking or disembarking the battleship Missouri on the date(s) of the visit;
- (4) At any time I am on any property owned, operated, or leased by the Missouri Memorial Association, the United States of America, or the City of Honolulu on the date(s) of the Visit, for the purpose of attending the Visit.

The "Released Parties" are the Missouri Memorial Association and its trustees, officers, employees, agents and assigns, and insurers, the United States of America, and its agents and assigns, the City of Honolulu and its agents and assigns, and the directors, officers, employees, agents and assigns of each of them, and the battleship Missouri and its insurers.

"Claims" is defined as any and all claims and liabilities, potential and otherwise, whether known or unknown, foreseeable or unforeseeable, suspected or unsuspected.

I agree never to commence, prosecute, or cause, permit or advise to be commenced, or assist in any way in the commencement or prosecution of any action, suit, or proceeding against any of the "Released Parties" involving any of the "Claims" released by this agreement.

I, on my behalf and on behalf of my estate, further agree to indemnify and hold harmless all of the "Released Parties" for all losses and expenses in the event (1) of any breach of this agreement by me, and/or (2) that any of the "Claims" released by this agreement is asserted by any of them in the future.

Without limiting and generality of the previous paragraphs, I agree that THIS AGREEMENT EXTENDS TO ANY AND ALL "CLAIMS" RELATING TO THE VISIT WHICH ARISE.

- (1) FROM ANY CLAIMED OR ACTUAL NEGLIGENCE, CARELESSNESS, DEFAULT, ACT OR OMISSION OF THE "RELEASED PARTIES", EITHER INDIVIDUALLY OR COLLECTIVELY, OR
- (2) FROM ANY UNSEAWORTHINESS OR DEFECT OF THE BATTLESHIP MISSOURI, OR
- (3) FROM ANY OTHER CAUSE RELATED IN ANY WAY TO THE BATTLESHIP MISSOURI.
- (4) FROM ANY RESCUE OPERATION OR MEDICAL OR OTHER SERVICES RENDERED TO ME BY, OR AT THE INSTANCE OF, THE "RELEASED PARTIES"

I UNDERSTAND THAT THE PURPOSE OF THIS AGREEMENT IS TO RELIEVE ALL OF THE "RELEASED PARTIES" FROM ALL LIABILITY AS IT RELATES TO THE VISIT, REGARDLESS OF THE NATURE AND REGARDLESS OF THE CAUSE. I understand and expressly assume the risk of any and all damage, injury, death or harm, which may occur to me or to any of my property.

I agree to accept and abide by the rules and regulations of the Visit as established by the Missouri Memorial Association and to obey the direction of the Association's representatives.

I warrant that I have read this agreement and understand it. I further understand that its terms are contractual in nature and that in consideration of executing this agreement, I agree that the terms of this agreement shall bind my spouse, children, relatives, heirs, beneficiaries, descendants, executors, and administrators.

THIS DOCUMENT CONTAINS A RELEASE OF CLAIMS. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I HAVE READ AND UNDERSTAND EVERYTHING WRITTEN ABOVE AND I VOLUNTARILY SIGN THIS RELEASE AND HOLD HARMLESS AGREEMENT.

UNDERSIGNED:

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Print Name

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Signature

PARENT OR LEGAL GUARDIAN IF UNDERSIGNED IS A MINOR:

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Print Name

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Signature

**USS Missouri Memorial Association Inc.**

**APPLICATION FOR VOLUNTEER (Please print clearly)**

**Organization:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**Name of Volunteer:** \_\_\_\_\_ **Age if under 18:** \_\_\_\_\_  
**Parent/Guardian Name (if volunteer under 18):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Physical/ Medical Limitations:** \_\_\_\_\_  
**Any Special Skills (electrical, computer, foreign Language, etc):** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**LIABILITY & INDEMNIFICATION AGREEMENT**

I acknowledge that activities aboard the USS Missouri Memorial Battleship contain many hazards. The many possibilities and sources of death or physical injury or property damage are acknowledged by me, and I have become a volunteer of the Association with the knowledge of such hazards and risks. As part of the consideration for being allowed to become a volunteer for the Association, I, for myself, my heirs, assigns, agents, and those acting on my behalf, fully and forever unconditionally and without possibility of revocation release, acquit, discharge a covenant not to sue or otherwise institute legal or administrative proceedings against the Association, its subsidiaries, successors, assigns, directors, officers, employees, agents, attorneys, consultants, insurers, and/or anyone acting on its behalf, and/or any individual or entity whatsoever, from all liability for personal injury (including wrongful death) or property damage suffered by me which is caused, in whole or in part, by any activity or condition on board the USS Missouri, the FOXTROT 5 Pier, or anywhere else the Association operates, even if the injury or damage is caused, in whole or in part, by the negligence of the Association or its employers.

THE VOLUNTEER HAS READ THIS RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND UNDERSTANDS IT. HE/SHE IS SIGNING IT FREELY AND VOLUNTARILY.

ACCEPTED AND AGREED TO THIS \_\_\_\_\_  
Day month year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Guardian Signature if under 18

# ROAD SCHOLAR

Aloha,

A great number of Road Scholar participants who have come to Hawai`i have told us that they are interested in visiting two major sites - the USS Arizona Memorial and the Polynesian Cultural Center. Some of Hawai`i Pacific University's Road Scholar programs, this program included, visit the USS Arizona Memorial as part of the program; however, we do not visit the Polynesian Cultural Center.

As a convenience to those of you interested, we are offering the Polynesian Cultural Center (PCC) as an optional free time activity at a specially-arranged reduced admission rate. Please consider the following as you decide whether you would like to visit PCC:

1. PCC is a large cultural theme park geared towards mass-market tourism and is open to the general public. Entertainment is its focus, not education. If you decide to go, expect to be entertained and not to learn at the expected standard Road Scholar level.
2. PCC is located in Lā`ie, about 1.5 hours drive from Waikīkī. Transfers are included (please note that the transportation will carry both Road Scholar participants and other visitors). The drive from Waikīkī is beautiful, crossing the mountain range and along the windward coast.
3. The bus departs Waikīkī at approximately 12:00 noon and returns at approximately 10:00 - 10:30 pm so it is a long day. The Waikīkī departure point is either at or near your hotel.
4. PCC is large and contains many different villages of the South Pacific (Samoa, Tonga, New Zealand Maori, Tahiti, etc.), an IMAX theater, scheduled performances and activities, etc.; you will most likely not have time to do everything. For more details, visit [www.polynesia.com](http://www.polynesia.com).
5. PCC sells different packages. We offer one of the packages which we believe to be the best value (includes admission, lū`au buffet dinner, show, and transportation.)
6. Neither Road Scholar nor Pacific Islands Institute control or guide the programming or staff at the Polynesian Cultural Center - it is an independent operation.
7. PCC is owned and operated by the Church of Jesus Christ of Latter Day Saints. The staff largely consists of students from the South Pacific attending nearby Brigham Young University. We have not experienced any promotion of the church as part of the experience.

While we do feel that the Polynesian Cultural Center has something to offer – exposing you to some degree to the different major Polynesian cultural groups, it is but one of many options for your free time. Visit Hawai`i's official tourism website at [www.gohawaii.com](http://www.gohawaii.com) for other optional activities.

We look forward to your arrival and to sharing a great program with you.

Best Regards and Aloha,

A handwritten signature in black ink that reads "Andrew A. Lockwood". The signature is written in a cursive style with a large, stylized initial 'A'.

Andrew A. Lockwood  
Hawai`i Road Scholar Director

# ROAD SCHOLAR

## PII ROAD SCHOLAR PROGRAM: MIGHTY MO

Program #2617 - \_\_\_\_\_

**OPTIONAL FREETIME ACTIVITY REGISTRATION (PURCHASE) FORM**  
(This optional activity is available for the day you have a free afternoon & evening on O`ahu)

### ALĪ LŪ`AU PACKAGE

The Polynesian Cultural Center celebrates traditional Polynesian culture, and gives you a unique opportunity to immerse yourself in the lifestyles, habitats, entertainment and hospitality of these islands in a beautifully landscaped 42-acre setting. Visit [www.polynesia.com](http://www.polynesia.com) for detailed information.

The *Alī`i Lū`au* Package offers\*:

- Visits to seven Polynesian villages
- Canoe rides
- Tram tour of Lā`ie town
- “Rainbows of Paradise” Pageant of the Long Canoes
- Admission to The Coral Reef Adventure IMAX
- Ali`i Lū`au buffet dinner/show (seating at 5pm)
- Fresh flower lei
- Preferred seating at the “Horizons” night show extravaganza
- Round Trip Transportation from Waikīkī on an air-conditioned motor coach (non-exclusive – there will be other non-Road Scholar passengers aboard)

\*Please note that due to the large number of activities available, you won’t have time to do everything. Retail price for this package including standard transportation is \$125.00.

<u>NAME</u>	<u>DISCOUNTED ROAD SCHOLAR COST</u>
1. _____	\$115.00 (includes tax)
2. _____	\$ _____.
<b>TOTAL:</b>	\$ _____.

Please fill out this form and return it with payment to the address below no later than 4 weeks prior to the program start date. Checks should be made out to *Pacific Islands Institute* for the total amount due (Canadian participants – please note that the amount is in U.S. Dollars). Please note that the amount is non-refundable within 24 hours of the date of your visit to the Polynesian Cultural Center.

**Remit payment to:** Road Scholar Programs  
c/o Pacific Islands Institute  
3566 Harding Avenue, Suite 202  
Honolulu, HI 96816