

**HOUSING & TRANSPORTATION FORM**

Please return these forms **as soon as possible** to:

Pacific Islands Institute, 3566 Harding Avenue #202, Honolulu, Hawai'i 96816

**PROGRAM NUMBER YOU ARE ATTENDING: 18535**

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

Name as listed on Passport: \_\_\_\_\_  
Last First

Traveling companion's name as listed on Passport: \_\_\_\_\_  
Last First

Preferred First Name (for nametag): \_\_\_\_\_ / \_\_\_\_\_  
(yours) (companion's)

**PASSPORT INFORMATION**

PLEASE INDICATE THE STATUS OF YOUR PASSPORT(S)

I/we have included a clear photocopy of my/our passport(s) including the picture/information page on an 8 1/2" x 11" sheet of paper

I/We applied for the passport(s) on \_\_\_\_\_ and will send the information as soon as it is received.

**HONOLULU ARRIVAL INFORMATION**

Complete the following **after** making your travel arrangements to Honolulu (HNL).  
If your plans change, please notify us so that we are not searching for you at the airport.

Arrival Date \_\_\_\_\_ Departure City \_\_\_\_\_

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

If arriving in Honolulu a day or more before the group flight, where will you be staying? \_\_\_\_\_

Contact number: \_\_\_\_\_ Dates of stay: \_\_\_\_\_

**ACCOMMODATIONS DURING PROGRAM**

What is your rooming preference during the program?

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.)**



Please read carefully and complete both sides.  
Form is confidential and must be returned to  
Program Provider noted on opposite side no less  
than **six weeks** prior to the program start.

## International Programs Health & Safety Form

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

Name (as it appears on passport) \_\_\_\_\_

Nickname (if any) \_\_\_\_\_

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

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

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

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

Female

Male

Nonsmoker

Smoker

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

### PASSPORT INFORMATION (Required)

Number \_\_\_\_\_

Date issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Country of Issue \_\_\_\_\_

Place of Birth \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

### 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 *\*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.*  
If "Yes," please specify:

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 **six weeks** prior to the start date of the program. **Failure to submit a signed Health & Safety form no less than six 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:**

## **SNORKELING EQUIPMENT**

**Please let us know your plans regarding snorkeling equipment:**

I will bring my own snorkeling equipment with me; I prefer to use my own equipment for fit.

I plan on renting snorkeling equipment in Palau & Yap; my shoe size is \_\_\_\_\_

*(Note: Rental snorkeling equipment is part of your tuition fees)*

## **GENERAL HEALTH QUESTIONNAIRE**

Your responses to the questions below will help us better understand the experience and needs of the group prior to arrival. Please respond to all questions and be candid. Your responses will not necessarily disqualify you from participation. If you are not comfortable with any part of the adventure program, you can always choose not to participate in a given activity. If you have any questions or concerns, please feel free to contact us for further information.

### **GENERAL HEALTH QUESTIONS:**

Do you exercise regularly? Yes  No

If so, what sort of exercise do you do? \_\_\_\_\_

How often (e.g. 1x per week)? \_\_\_\_\_

How long are your exercise sessions (e.g. 20 minutes, 1 hour)? \_\_\_\_\_

Can you swim? Yes  No  (must be able to swim to participate)

Have you ever swum in the ocean? Yes  No  in snorkeling activities)

**IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS, PLEASE DESCRIBE IN THE SPACE BELOW OR ON A SEPARATE SHEET OF PAPER:**

Do you have any balance problems or experience dizziness? Yes  No

Have you ever fainted or blacked out? Yes  No

Have you ever had a stroke or heart attack? Yes  No

Do you have any phobias, i.e. claustrophobia? Yes  No

Do you have any significant weakness in your grip? Yes  No

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**ASSUMPTION OF RISK AGREEMENT  
AND  
LIABILITY RELEASE**

I/We, \_\_\_\_\_ am/are registered to participate in Road Scholar, Inc. program number #18535-\_\_\_\_\_ (“the Program”) which begins on \_\_\_\_\_ and is hosted by Pacific Islands Institute, Ltd (“the Host Institutions”).

I have read and understand the description of the program published in the Road Scholar catalog as well as the material sent to me by the Host Institutions describing the Program. I have been afforded the opportunity to seek additional information regarding the risks inherent in the Program. I acknowledge and I am aware that the Program involves hazards and risks which I am prepared to accept. In addition, following appropriate medical consultation with my personal physician, I have determined that my health is adequate to participate safely in the Program.

Accordingly, as part of my decision to enroll, I hereby release Road Scholar, Inc. and the Host Institutions (including all of their personnel, agents, affiliates, staff and directors) from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. This release does not apply to liabilities arising from gross negligence or wanton or reckless conduct by Road Scholar, Inc. or the Host Institutions. Apart from that exception, this release applies to any and all liabilities to me or my estate of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I or my estate will defend, indemnify and hold harmless Road Scholar, Inc. and the Host Institutions (including all of their personnel, agents, affiliates, staff and directors) for all costs and expenses incurred in response to that claim, including attorneys fees. This release is to be interpreted and enforced under Massachusetts law.

\_\_\_\_\_  
Signature of Participant

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Traveling Companion

\_\_\_\_\_  
Signature of Witness