

# CHICAGO ARIRANG LIONS CLUB The Korea Cultural Tour Application

TOUR DATE: June 9 – 22, 2024

Please attach a recent, clear headshot

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Korean Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

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

ST \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Ph (cell): \_\_\_\_\_ Ph (work): \_\_\_\_\_

Parent's Name \_\_\_\_\_ (if a Minor)

Parent's address: \_\_\_\_\_

(if different) \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Ph (cell): \_\_\_\_\_ Ph (work): \_\_\_\_\_

How did you hear about KCT? \_\_\_\_\_

Have you ever visited Korea before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

### Emergency Contact Information I:

Name: \_\_\_\_\_ Ph \_\_\_\_\_

Relation to Participant: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information II:

Name: \_\_\_\_\_ Ph \_\_\_\_\_

Relation to Participant: \_\_\_\_\_ Email: \_\_\_\_\_

**Application and payment (cashier's or personal check) due in full by January 31, 2024.**

**All applicants will be notified of their acceptance.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*On a separate piece of paper, please type an essay describing yourself and your family, why you would like to visit Korea, and what you would like to gain from this trip.**

## CHICAGO ARIRANG LIONS CLUB THE KOREA CULTURAL TOUR HEALTH INFORMATION FORM

The purpose of this form is to help C.A.L.C. be of assistance to participants should the need arise during the trip. It is important that C.A.L.C. be aware of any medical or psychological conditions, which may affect the participant during the trip. The information provided will remain confidential and will only be shared with individuals pertinent to the participants' well-being. This information does not have any bearing on the individuals' application.

**First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name** \_\_\_\_\_

1. Are you in good physical health? Yes \_\_\_ *If not, please explain.*

\_\_\_\_\_

2. Do you have any physical disabilities? No \_\_\_ *If yes, please explain.*

\_\_\_\_\_

3. Do you have any food allergies (*food, animal, medication*)? No \_\_\_ *If yes, please explain.*

\_\_\_\_\_

4. Are you taking any medications? No \_\_\_ *If yes, please explain.*

\_\_\_\_\_

5. Are you a vegetarian or on any restricted diet? No \_\_\_ *If yes, please explain.*

\_\_\_\_\_

6. Do you have health insurance? Yes \_\_\_ *If not, please explain.*

\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

7. Is there any additional information concerning medical conditions or physical disabilities that would be helpful for C.A.L.C. to be aware of during your trip? No \_\_\_ *If yes, please explain.*

\_\_\_\_\_

**I certify that all the responses made on this Health Information form are true and accurate, and I will notify C.A.L.C. hereafter of any relevant changes that occur prior to the start of the trip.**

Participant's Name (*please print*): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHICAGO ARIRANG LIONS CLUB

## The Korea Cultural Tour Waiver and Hold Harmless Agreement

The undersigned hereby requests acceptance to participate in Chicago Arirang Lions Club’s (C.A.L.C.) Korea Cultural Tour.

In consideration of my voluntary participation in the Korea Cultural Tour, I hereby waive all claims of action against the Chicago Arirang Lions Club; C.A.L.C. members; its employees, directors, and volunteers, arising out of my voluntary participation in the tour and hereby release, hold harmless, and discharge C.A.L.C. from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risk, I hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my participation in the tour.

I have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against C.A.L.C. is knowingly given up in return for allowing my participation in the tour.

My signature on this document is intended to bind not only myself but also my successors, heirs, guardians, representatives, administrators, and assigns.

Participant’s Name *(please print)*: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### References

Other than your parents, please provide names and telephone numbers of two people that could best describe your character.

Name: \_\_\_\_\_ Ph \_\_\_\_\_

Name: \_\_\_\_\_ Ph \_\_\_\_\_

### PAYMENT & APPLICATION – Due Jan. 31, 2024

**MAIL:** 1) Download (Word or pdf), print & complete application  
2) Mail completed application, headshot, and \$2500 check  
*Make check payable to: Chicago Arirang Community Services*  
*Mail to: PO Box 506, Glenview, IL 60025*

**ONLINE:** 1) Download (Word or pdf) and complete application 2) [Pay online](#)  
3) Email completed application, headshot, and receipt of payment to [CALCkct@gmail.com](mailto:CALCkct@gmail.com)