APX Parks/ Big Kahuna's PERSONAL CARE ATTENDANT ("PCA") REASONABLE ACOMMODATION FORM

To be filled out by the person seeking the accommodation and his/her PCA.

1.	I seek admission to Big Kahuna's. In order for me to fully and equally participate in, or benefit from, or enjoy the good services, facilities, privileges, advantages, or accommodations of Big Kahuna's, I require the assistance of a Personal Ca Attendant ("PCA").				
2.	My Po	My PCA's name is:		.Please check	
all	that app	oly:			
	☐ PCA is employed by me or my fami		ed by me or my family as a l	Personal Care Attendant	
	☐ PCA services are reimbursed by my health			insurance	
	☐ PCA has a home health aide certificate				
	☐ PCA is a licensed healthcare professional				
3.	I there park.	I therefore request that Big Kahuna's waive the admission cost for my PCA, so I may have equal access to the water park.			
4.	We understand that Big Kahuna's reserves the right to take appropriate action against any individual who fraudulently obtains free admission pursuant to this PCA Reasonable Accommodation Request Form.				
acknowle acknowle should th	edges that edges that he Park di	his/her attendance is a he/she shall not particip	required to enable his/her client's a pate in any of the Park's good, servic above representations are untrue a	afe movement, maintaining continence and/or medication management. PCA further ttendance and participation in the Park's goods, services and attractions. PCA further es and attractions separate and apart from his/her client. PCA further acknowledges that nd/or that he/she has acted as a patron of the Park as opposed to a PCA, he/she will be	
Guest Name:					
Signature:					
(of Guest or Authorized Representative)				Date:	
Address: Date:					
	Du	<u> </u>			
		APPROV	AL OR DENIAL OF REOU	EST FOR REASONABLE ACCOMMODATION	
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To be filled out by Big Kahuna's Team Member					
	☐ We have approved your request for a reasonable accommodation and waive all applicable admission fees for your PCA.				
			our request for a waiver of ac	lmission fees for	
	your PCA for the following reason(s):				
		0	You do not appear to requiwater park.	re the assistance of a PCA to enjoy equal access to the	
		0	Other		
		<u> </u>			
In denying your request, we relied on the following facts				, we relied on the following facts	
-					
-			Date		
	Date: Name: Title:				
			Signatur	re·	