

APX Parks/ Sahara Sam'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 Sahara Sam's. In order for me to fully and equally participate in, or benefit from, or enjoy the goods, services, facilities, privileges, advantages, or accommodations of Sahara Sam's, I require the assistance of a Personal Care Attendant ("PCA").
2. My PCA's name is: _____ .Please check all that apply:
 - PCA is employed by me or my family as a 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 therefore request that Sahara Sam's waive the admission cost for my PCA, so I may have equal access to the water park.
4. We understand that Sahara Sam's reserves the right to take appropriate action against any individual who fraudulently obtains free admission pursuant to this PCA Reasonable Accommodation Request Form.

PCA Declaration

PCA acknowledges that he/she is not a patron of the Park; that he/she receives compensation for serving as a PCA; and that his/her sole purpose at the Park is to render support services such as personal hygiene, eating, toileting, transferring, safe movement, maintaining continence and/or medication management. PCA further acknowledges that his/her attendance is required to enable his/her client's attendance and participation in the Park's goods, services and attractions. PCA further acknowledges that he/she shall not participate in any of the Park's good, services and attractions separate and apart from his/her client. PCA further acknowledges that should the Park discover that any of the above representations are untrue and/or that he/she has acted as a patron of the Park as opposed to a PCA, he/she will be expelled from the Park and may be barred from future entry.

Guest Name: _____
 Signature: _____
 (of Guest or Authorized Representative)
 Address: _____
 Date: _____

PCA Name: _____
 Signature: _____
 Date: _____

APPROVAL OR DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

To be filled out by Sahara Sam's Team Member

- We have approved your request for a reasonable accommodation and waive all applicable admission fees for your PCA.
- We have denied your request for a waiver of admission fees for your PCA for the following reason(s):
 - You do not appear to require the assistance of a PCA to enjoy equal access to the water park.
 - Other _____

In denying your request, we relied on the following facts

Date: _____
 Name: _____
 Title: _____
 Signature: _____