



UMIASHIBI/UMIUSAGI Participation confirmation



Course Name **Blue cave snorkeling** **Whale shark snorkeling** **Beach snorkeling**

Information about the participant

Name of Participant : _____ Date of Birth : _____ (Day/Month/Year) Age : _____

Address : 〒 _____

Phone number : _____ - _____ - _____ Emergency contact : _____ - _____ - _____

Confirmation Matters

■ I[name of participant] _____, hereby acknowledge that I am participating in the course selected above and I have received and thoroughly understood an explanation about snorkeling and after having confirmed the matters below.

■ I understand that the course selected above will be conducted in a sea area, lake, or pool, and I agree to comply with the instructions of the course operator, the guides, and the instructors to ensure the safety of the course.

■ I understand that I have to be in good medical condition to participate in snorkeling. I don't have any impairments or disabilities to my ears, respiratory system, or circulatory system, and I have explained my complete medical history to date to the course operator, guides, and instructors. I agree to undergo a physical examination by a doctor if instructed to do so by the course operator, a guide, or an instructor because, for example, of an uncertain health condition. Moreover, I understand that not taking any medication at present and being in good physical condition are necessary conditions to participation.



■ I understand that I have to make every possible effort to prevent the risk, and that if the worst happens, I have to accept sole responsibility for it.

■ I have fully informed myself of the contents described above by reading them, and upon confirmation of all of the items below.

■ I hereby sign this LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK.

Signature of Participant : _____ Date: (Day/Month/Year) _____

Medical check

※ Check all that apply to your current and past medical history.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> pneumonia | <input type="checkbox"/> Natural pneumothorax | <input type="checkbox"/> pulmonary tuberculosis |
| <input type="checkbox"/> Rhinitis | <input type="checkbox"/> Otitis media | <input type="checkbox"/> Gastric ulcer | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Mental disorders | <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Sprain/fracture |
| <input type="checkbox"/> Heart failure/angina | <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Lumbago/disc hernia | <input type="checkbox"/> Arrhythmia |
| <input type="checkbox"/> Liver damage | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fear of being closed or high |
| <input type="checkbox"/> Alcohol poisoning | <input type="checkbox"/> Use of chemicals | <input type="checkbox"/> Smoking | <input type="checkbox"/> Motion sickness |

※ Write the medicine you are currently taking.

If the participant is a minor, this confirmation must be signed by a parental guardian.

■ I guarantee that the participant (my child) understands the above confirmation items correctly and that the medical check is correct, and agrees to submit this application.



Parental signature: _____ Date: (Day/Month/Year) _____