(For adults)



Discover Snorkeling Statement Skin Diving Statement Supplied Air Snorkeling Statement

For domestic use in Japan and adult participants only

Participant Record (Confidential Information)

| Participant Na | ame: | | | Date of Birth: | | (Day/Month/Year) |
|---|--|--|---|---|---|--|
| Mailing Addre | ss: | | | | | |
| | DI (II) | | ``` | Postal / Zip: | | |
| Age: | Phone (Home): | (|) | Phone (Office) |): (|) |
| | | | | | ON OF DICK | FOR |
| 2 | DISCOVER SN | | | PRESS ASSUMPTIO | ON OF RISK | FOR |
| 1603 | | | | PRESS ASSUMPTIO | ON OF RISK | FOR |
| 人心不 | SKIN DIVING | | | | | .: 0 |
| 3 | | | | PRESS ASSUMPTIO | ON | المرادة المناسمة |
| 3 | OF RISK FOR | SUPPI | LIED AIR | SNORKEING | ~ 2 | |
| | | | | | -00 | \$ 2 K |
| Please read o | carefully and fill in a | all blan | nks before | e signing. | • | 700 00 |
| I, | | | (P | articipant Name), herel formed of the contents | ру | |
| acknowledge th | at I have been advised | and the | oroughly in | formed of the contents | of: | |
| Snorkeling | Skin Diving | Supp | lied Air S | norkeling | | |
| - | the appropriate box.), | | | | | إرواء كال عيم |
| and that I still c | hoose to participate in | this Pro | ogram. | | | |
| Therefore, in co | | llowed 1 | to enroll in | lucted at a site such as this Program, I agree t ctor(s). | | |
| expressly decla have fully expla that, in case of examination. I | re that I currently do n hined to the guide(s) of doubt or upon instructi further acknowledge the | ot have instruction by the part of the par | any ear distor(s) all of the guide(s) participation | to be in a good medical ease, or respiratory or of f my past and present n or instructor(s), I must in in this Program is allo and that I am in a good | circulatory pro nedical history t consult a doc lowed on the | blem, and that I I hereby agree tor and undergo an |
| | at I have to make every pens, I have to accept | | | prevent the risk, and th | at, | |
| confirmation of | all of them, | | | bove by reading them, | _ | 汽車 |
| | of Participant | | | of Participant | | Month/Year) |



(For participants from junior high school students and up to the age of 19.)

Discover Snorkeling Statement Skin Diving Statement Supplied Air Snorkeling Statement

For domestic use in Japan and participants from junior high school students and up to the age of 19 only

Participant Record (Confidential Information)

| • | Name: | | | Date of Birth: | | (Day/Month/Year) |
|---|---|---|--|--|--|--|
| Mailing Add | ress: | | | | | |
| | | | | Postal / Zip: | | |
| Age: | Phone (Home): | (|) | Phone (Office): | (|) |
| | | | | | | |
| a _ | | | | RESS ASSUMPTION OF | RISK FO | DR |
| 1 | DISCOVER SN | | | | DICK FO | D |
| 12.00 | SKIN DIVING | LEASE | AND EXP | RESS ASSUMPTION OF | KISK FO | ·: /> |
| | | LEASE | AND EXP | RESS ASSUMPTION | 200 | المرازة والمحمد |
| The state of | OF RISK FOR | SUPPL | LIED AIR S | NORKEING | A. | |
| | | | | | -00° | 2972 |
| Please read | d carefully and fill in a | all blan | ks before | signing. | 4 | 7 W |
| Ī | A) C | . 1 | · \/ mr. ahil | d and | | |
| | wledge that we have bee | nt or guard n advise | ian) / my chil ed and thoro | ughly informed of the conte | pant Name), nts of: | M. D. |
| - | - | | | | | The state of the s |
| Snorkelii Make a check | ng Skin Diving in the appropriate box.), | Supp | lied Air Sn | orkeling | | IL III |
| | | | | | | # 20 B |
| and that we st | till choose to participate | in this F | rogram. | | | |
| (parent or g | uardian) / we (parent or | guardiar | and partici | oant) understand that this Pr | ogram ma | y be conducted at |
| | | | | nsideration of sending my cl | | |
| enroll in this | | mply wi | th judgemen | nt and directions for safety to | o be made | by the guide(s) |
| ` | , | | | | | |
| | | | | have to be in a good medica | | |
| + III/a arrennage | | | | ear disease, or respiratory of | | |
| | fully explained to the gu | | | all of our past and present | medical h | istory. |
| hat we have t We hereby ag | gree that, in case of doub | t or upor | n instruction | a) all of our past and present by the guide(s) or instructo | r(s), we m | ust |
| hat we have t We hereby ag consult a doct | gree that, in case of doubtor and undergo an exam | t or uponination. | n instruction We further | by the guide(s) or instructo acknowledge that the partici | r(s), we m pation in t | ust his |
| that we have a We hereby agonsult a doctor Program is al | gree that, in case of doub tor and undergo an exam lowed on the condition t | t or uponination. | n instruction We further | by the guide(s) or instructo | r(s), we m pation in t | ust his |
| hat we have a We hereby age consult a doct Program is alure in a good | gree that, in case of doub tor and undergo an exam- lowed on the condition t physical condition. | t or upor ination. hat we a | n instruction We further are not curre | by the guide(s) or instructon acknowledge that the particinal taking any medication a | r(s), we m pation in t and that we | ust his |
| hat we have: We hereby ag consult a door Program is al are in a good / we underst | gree that, in case of doub tor and undergo an exam- lowed on the condition t physical condition. | t or upor ination. hat we a | n instruction We further are not curre possible eff | by the guide(s) or instructor acknowledge that the partici- ntly taking any medication a port to prevent the risk, and the | r(s), we m pation in t and that we | ust his |
| hat we have: We hereby ag consult a doct Program is al ure in a good / we underst worst happen | gree that, in case of doub tor and undergo an exam- lowed on the condition to physical condition. tand that we have to mak s, we have to accept sole | t or upon ination. hat we a | n instruction We further ure not curre possible effi sibility for it | by the guide(s) or instructon acknowledge that the participantly taking any medication and the prevent the risk, and the control of the prevent the risk and the participant the par | r(s), we m pation in t and that we nat, if the | nust his |
| hat we have a We hereby ag consult a doctor Program is al re in a good / we underst worst happen / we have fu | gree that, in case of doubtor and undergo an examilowed on the condition to physical condition. tand that we have to makes, we have to accept sole ally informed ourselves of | t or upon ination. hat we a | n instruction We further ure not curre possible effi sibility for it | by the guide(s) or instructor acknowledge that the partici- ntly taking any medication a port to prevent the risk, and the | r(s), we m pation in t and that we nat, if the | nust his |
| hat we have a We hereby agonsult a doctorogram is all re in a good / we understorogram happen / we have further for the state of the | gree that, in case of doubtor and undergo an examilowed on the condition to physical condition. tand that we have to makes, we have to accept sole ally informed ourselves of all of them, | t or upon ination. hat we a see every e respons | n instruction We further ure not curre possible efficibility for it ntents descr | by the guide(s) or instructor acknowledge that the participantly taking any medication and the prevent the risk, and the distribution is above by reading them, | r(s), we m pation in t and that we hat, if the | tust this |
| hat we have a We hereby ag consult a doctor Program is al are in a good / we understowerst happen / we have fur confirmation | gree that, in case of doubtor and undergo an examilowed on the condition to physical condition. tand that we have to makes, we have to accept sole ally informed ourselves of all of them, | t or upon ination. hat we a see every e respons | n instruction We further ure not curre possible efficibility for it ntents descr | by the guide(s) or instructon acknowledge that the participantly taking any medication and the prevent the risk, and the control of the prevent the risk and the participant the par | r(s), we m pation in t and that we hat, if the | tust this |
| hat we have a We hereby agonsult a doctorogram is allore in a good / we understorost happen / we have furonfirmation we hereby s | gree that, in case of doubtor and undergo an examilowed on the condition to physical condition. tand that we have to makes, we have to accept sole ally informed ourselves of all of them, | t or upon ination. hat we a se every e respons of the co | n instruction We further ure not curre possible effisibility for it ntents descr | by the guide(s) or instructor acknowledge that the particular that | r(s), we mpation in the standard water that we hat, if the and upon DF RISK. | tust this |

Signature of Participant

Date (Day/Month/Year)

Name of Participant



Discover Snorkeling Statement Skin Diving Statement Supplied Air Snorkeling Statement

For domestic use in Japan and participants under junior high school level only

Participant Record (Confidential Information)

| - | Name: | | | Date of Birth: | | (Day/Month/Year) |
|--|---|-----------------|-------------------------|--|--------------------------------|------------------|
| Mailing Add | aress: | | | Postal / Zip: | | |
| Age: | Phone (Home): | (|) | Phone (Office): | (|) |
| | | | | | | |
| | DISCOVER SN | ORKE | ELING | EXPRESS ASSUMPTION | | |
| | LIABILITY REL SKIN DIVING | .EASE | E AND E | EXPRESS ASSUMPTION | OF RISK F | OR .:: 🔗 |
| | | | | EXPRESS ASSUMPTION IR SNORKEING | | |
| Please rea | d carefully and fill in a | II blar | nks befo | ore signing. | 4 | 2 W |
| | tify that, my child thoroughly informed of th | e conte | ents of: | (Name of Participating Child) has b | een | |
| Snorkel Make a chec | ing Skin Diving k in the appropriate box.), | Supp | olied Air | Snorkeling | | |
| nd that, upo | on full understanding of th | em, I v | vould lik | e to send my child to this Pro | ogram. | |
| Therefore, in | n consideration of sending | my ch | ild to the | site such as a sea area, a lake Program selected above, I a e made by the guide(s) or ins | gree to | 12 6 1 |
| | n it. I expressly declare tha | | | ve to be in a good medical co not have any ear disease, or | | 100 |
| and that I hat hereby agr doctor and | we fully explained to the g ee that, in case of doubt or undergo an examination. n the condition that I am n | upon I furth | instructio er acknov | uctor(s) all of my past and pr on by the guide(s) or instructor wledge that the participation ing any medication and that | or(s), I must in this Progr | consult of |
| confirmation | n of all of them, | | | d above by reading them, and | | |
| | Parent or Guardian | | | of Parent or Guardian | Date(Da | |