

## Discover Snorkeling Statement Skin Diving Statement Supplied Air Snorkeling Statement

For domestic use in Japan and adult participants only

### Participant Record (Confidential Information)

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Day/Month/Year)

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

Postal / Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Phone (Home): (    ) Phone (Office): (    )



LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR  
DISCOVER SNORKELING  
LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR  
SKIN DIVING  
LIABILITY RELEASE AND EXPRESS ASSUMPTION  
OF RISK FOR SUPPLIED AIR SNORKEING



Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_ (Participant Name), hereby acknowledge that I have been advised and thoroughly informed of the contents of:

Snorkeling     Skin Diving     Supplied Air Snorkeling  
(Make a check in the appropriate box.),



and that I still choose to participate in this Program.

I (Participant) understand that this Program may be conducted at a site such as a sea area, a lake or a pool. Therefore, in consideration of being allowed to enroll in this Program, I agree to comply with judgement and directions for safety to be made by the guide(s) or instructor(s).

I understand that this Program is a sport and that I have to be in a good medical condition to participate in it. I expressly declare that I currently do not have any ear disease, or respiratory or circulatory problem, and that I have fully explained to the guide(s) or instructor(s) all of my past and present medical history. I hereby agree that, in case of doubt or upon instruction by the guide(s) or instructor(s), I must consult a doctor and undergo an examination. I further acknowledge that the participation in this Program is allowed on the condition that I am not currently taking any medication and that I am in a good physical condition.

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



\_\_\_\_\_  
Name of Participant                      Signature of Participant                      Date(Day/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)

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Day/Month/Year)

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

Postal / Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Phone (Home): ( ) Phone (Office): ( )



LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR  
DISCOVER SNORKELING  
LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR  
SKIN DIVING  
LIABILITY RELEASE AND EXPRESS ASSUMPTION  
OF RISK FOR SUPPLIED AIR SNORKEING



Please read carefully and fill in all blanks before signing.

I \_\_\_\_\_ (Name of parent or guardian) / my child \_\_\_\_\_ (Participant Name),  
hereby acknowledge that we have been advised and thoroughly informed of the contents of:

Snorkeling     Skin Diving     Supplied Air Snorkeling  
(Make a check in the appropriate box.),



and that we still choose to participate in this Program.

I (parent or guardian) / we (parent or guardian and participant) understand that this Program may be conducted at a site such as a sea area, a lake or a pool. Therefore, in consideration of sending my child to / being allowed to enroll in this Program, we agree to comply with judgement and directions for safety to be made by the guide(s) or instructor(s).

I / we understand that this Program is a sport and that we have to be in a good medical condition to participate in it. We expressly declare that we currently do not have any ear disease, or respiratory or circulatory problem, and that we have fully explained to the guide(s) or instructor(s) all of our past and present medical history. We hereby agree that, in case of doubt or upon instruction by the guide(s) or instructor(s), we must consult a doctor and undergo an examination. We further acknowledge that the participation in this Program is allowed on the condition that we are not currently taking any medication and that we are in a good physical condition.

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

I / we have fully informed ourselves of the contents described above by reading them, and upon confirmation of all of them,  
we hereby sign this LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK.



_____	_____	_____
Name of Parent or Guardian	Signature of Parent or Guardian	Date (Day/Month/Year)
_____	_____	_____
Name of Participant	Signature of Participant	Date (Day/Month/Year)



(For children under junior high school level)

# 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)

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Day/Month/Year)

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

Postal / Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Phone (Home): ( ) Phone (Office): ( )



LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR  
DISCOVER SNORKELING  
LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR  
SKIN DIVING  
LIABILITY RELEASE AND EXPRESS ASSUMPTION  
OF RISK FOR SUPPLIED AIR SNORKEING



Please read carefully and fill in all blanks before signing.

I hereby certify that, my child \_\_\_\_\_ (Name of Participating Child) has been advised and thoroughly informed of the contents of:

Snorkeling     Skin Diving     Supplied Air Snorkeling  
(Make a check in the appropriate box.),



and that, upon full understanding of them, I would like to send my child to this Program.

I understand that this Program may be conducted at a site such as a sea area, a lake or a pool. Therefore, in consideration of sending my child to the Program selected above, I agree to comply with judgement and directions for safety to be made by the guide(s) or instructor(s).



I understand that this Program is a sport and that I have to be in a good medical condition to participate in it. I expressly declare that I currently do not have any ear disease, or respiratory or circulatory problem, and that I have fully explained to the guide(s) or instructor(s) all of my past and present medical history. I hereby agree that, in case of doubt or upon instruction by the guide(s) or instructor(s), I must consult a doctor and undergo an examination. I further acknowledge that the participation in this Program is allowed on the condition that I am not currently taking any medication and that I am in a good physical condition.



I have fully informed myself of the contents described above by reading them, and upon confirmation of all of them, I hereby sign this LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK.

\_\_\_\_\_  
Name of Parent or Guardian      Signature of Parent or Guardian      Date(Day/Month/Year)