

# WAIVER OF LIABILITY

## Please read carefully

- ① Please refuse to board on the plane after the activity.
- ② Please refuse to participate the activity for those whose pregnant and with alcohol remaining in the body.
- ③ Minor participants is required a guardian signature on this waiver liability.
- ④ We will be asked to refuse the participation if you applied the following medical history item ([Pl s. see below](#))

## Medical history

If you correspond to the following item please consult your instructor.

- |  |  |
|--|--|
| <input type="checkbox"/> Have a cold, a stuffy nose(鼻づまり)              | <input type="checkbox"/> Taking medicine(薬の服用)                                   |
| <input type="checkbox"/> Paranasal sinus(副鼻腔炎)                         | <input type="checkbox"/> High blood pressure(高血圧)                                |
| <input type="checkbox"/> Ear disease, infection (耳の病気)                 | <input type="checkbox"/> Diabetes(糖尿病)   |
| <input type="checkbox"/> Lung disease(pneumothorax, emphysema)(気胸、肺気腫) | <input type="checkbox"/> Epilepsy(てんかん)  |
| <input type="checkbox"/> Respiratory disease (asthma)(喘息)              | <input type="checkbox"/> Claustrophobia(閉所恐怖症)                                   |
| <input type="checkbox"/> Heart disease, brain disease(心臓病、脳疾患)         | <input type="checkbox"/> An injury and operation(ケガと手術)                          |
| <input type="checkbox"/> Seizures, paralysis, dizzy, (発作、麻痺、めまい)       | <input type="checkbox"/> Consulting a physician(医師の診察)                           |
| <input type="checkbox"/> Allergies(except foods)(アレルギー)                | <input type="checkbox"/> Others(today's flight, panic disorder)<br>(フライト、パニック障害) |

I \_\_\_\_\_ here by agree that I will participate in each course at my own risk and that I will follow instructor's safety control instructions. I \_\_\_\_\_ fully understand and agree that I will not claim for any idemnification against your company nor any damage will occur during participation in each course activity. This writing is my signature and under signed of parent or guardian with consideration of my child's participation in the activity, agree that the terms and conditions of this waiver and ability shall be binding as to damage or injury to my minor, and his/her property arising out of his/her participation.

I have acknowledge that I have read this Waiver of Liability and fully understands its contents.

|   |     |     |                         |
|---|-----|-----|-------------------------|
| Course  |     |     |                         |
| <input type="checkbox"/> Diving experience<br><input type="checkbox"/> Refresh diving |     |     |                         |
| Name  | Sex | Age | Date of Birth    /    / |
| Guardian's signature  |     |     | Today's date    /    /  |

|         |           |
|---------|-----------|
| Address | TEL _____ |
|---------|-----------|

|                   |           |
|-------------------|-----------|
| Emergency contact | TEL _____ |
| Name _____        |           |

*All personal information is strictly for use within this hotel and for no other purpose.*