

**Kyoei Corporation(Canoe slalom center) Program
Participation Pledge and Parental Consent Form**

Please fill out one form per person.

If you are participating as a family member (with the same residence and emergency contact information), the representative (parent/guardian) should write one form together and enter the family's information in the accompanying person's columns on the reverse side.

To: Kyoei Corporation

I pledge the following items in participating in the program sponsored by Kyoei Co.

- I hereby certify that I will voluntarily participate in the program sponsored by Kyoei Co.
- I understand that this program involves potential hazards and that I may encounter injury (including permanent injury or death) myself, and therefore I will follow the instructions of the staff and actively cooperate with their safety practices.
- Guides may not be able to provide explanations in foreign languages.
- I haven't been drinking alcohol, and I am in good health and not pregnant or possibly pregnant. If I become ill while participating in the program, I will immediately notify the staff that I will no longer participate in the program.
- I accept that photos and videos taken during this program may be used on the canoe slalom center website, SNS, printed materials, etc for public relations and advertising purposes.

*Please check the box below if you do not allow the use of photos or videos.

Do not consent to their use.]

Date of Participation (date)/ (month)/ (year)
Participant Name
(signature) _____

parental consent column
I the above named participant,
hereby agree to participate in the
program and sign my signature.

parent or guardian's signature	
--------------------------------------	--

※If the participant is under the age listed below, a parent or guardian's signature is required (rafting tour: high school students and under / canoeing experience: junior high school students and under). Other than this, please check the website for details about other programs.

Participating Programs <input checked="" type="checkbox"/> check the box	<input type="checkbox"/> Rafting Tours <input type="checkbox"/> Canoe Experience <input type="checkbox"/> Other ()
--	---

To the back →

Representative			
Name	First Name	Date of Birth	date month year / /
	Last Name		Age
Address		Phone or E-mail address	
Safety Management Questions	[1] I have had a dislocation within the last 5 years.		Yes / No
	[2] I have chronic medical conditions such as high blood pressure, heart disease, asthma, epilepsy, etc. →If 「yes」, please provide details. ()		Yes / No
	[3] Please write any other concerns you have about participating in the program. ()		
Accompanying person (same address and emergency contact)			
Name	Date of Birth (date/month/year)	Participation Pledge Signature Parental consent signatures for eligible applicants.	Safety Management Questions Please check if applicable
	/ /		<input type="checkbox"/> not applicable <input type="checkbox"/> applicable ([1] · [2])
	/ /		<input type="checkbox"/> not applicable <input type="checkbox"/> applicable ([1] · [2])
	/ /		<input type="checkbox"/> not applicable <input type="checkbox"/> applicable ([1] · [2])
	/ /		<input type="checkbox"/> not applicable <input type="checkbox"/> applicable ([1] · [2])
	/ /		<input type="checkbox"/> not applicable <input type="checkbox"/> applicable ([1] · [2])
Emergency Contact			
※Please fill in either [1] your contact in your home country or [2] your guarantor in Japan.			
[1] Emergency contact in your home country			
Name		E-mail address	
Relationship to you:			
[2] your guarantor in Japan			
Name		Phone	
Relationship to you:		E-mail address	

※Personal information obtained will be handled strictly in accordance with our personal information management policy and will not be used for any purpose other than to respond to accidents that occur during participation in the program.