

ACTIVITY APPLICATION FORM and AGREEMENT

1. I understand and agree that there exist risks of harm associated with participating in the tours provided by Ocean Days. These risks include, but are not limited to, bodily injury, loss of valuables or personal property, hazards associated with strenuous activity, and hazards associated with water related activities including accidental drowning and hypothermia.

I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at the time of the tour's departure.

2. In the event of an accident, I understand and agree to bear all costs including, but not limited to, emergency transportation to a medical facility, emergency rescue, and any related medical fees and expenses.

3. In the event of an accident, our customers are eligible to receive the following benefits from our travel insurance provider:

Compensation content: Travel accident insurance / person

Hospital expenses ¥1,500/day; Hospitalization fee ¥3,000; Death - Permanent Injury ¥3,000,000

4. I agree to follow the directions and the safety guidance provided by the staff at Ocean Days throughout the duration of the corresponding tour. I agree to not withhold any information about my health that may be necessary to ensure the safety of the tour. Please let the staff know if you have any concerns. There is no prior declaration, we cannot assume responsibility in event of an accident.

Please mark all that apply. Please contact us if you have marked any of the below.

- | | |
|--|---|
| <input type="checkbox"/> History of heart disease or high blood pressure | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Blackouts or fainting | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies () |
| <input type="checkbox"/> Currently impaired by alcohol or other substances | <input type="checkbox"/> Anxiety about physical condition () |

I have carefully read and understand and agree to all the above contents, and voluntarily agree to participate in the tour.

Date	/ /	Menu	<ul style="list-style-type: none">• Clear Kayak • Fat Bike• Snorkeling • Night Snorkeling• Clear SUP • SUP Yoga• Moss Corridor Tour • Snow Shoe• Ice Walk
Name			
Name of Guardian	*Required if the participant is a minor.		
Phone		Birth date	/ /
Address	(Postal Code)		
Emergency Contact Details	Please provide the contact detail of the person not participating in the activity. TEL NAME		

※ Please fill below if your family also joins the tour.

My participating family members understand and accept the contents of this waiver.

Name		Birth Date	/ /
Physical Condition	<input type="checkbox"/> Non-Applicable to any of the above check list <input type="checkbox"/> Applicable ()		
Name		Birth Date	/ /
Physical Condition	<input type="checkbox"/> Non-Applicable to any of the above check list <input type="checkbox"/> Applicable ()		
Name		Birth Date	/ /
Physical Condition	<input type="checkbox"/> Non-Applicable to any of the above check list <input type="checkbox"/> Applicable ()		
Name		Birth Date	/ /
Physical Condition	<input type="checkbox"/> Non-Applicable to any of the above check list <input type="checkbox"/> Applicable ()		

***We seek your kind acceptance and permission to use the images taken during the tour.(for SNS / flyers)**

☐ Allow ☐ Allow if back view or distant view ☐ Deny

《Handling of personal information》

Our company and activity related companies comply with the personal information protection law, and strive to handle and protect personal information properly. The personal information (participant's name, health status, guardian's name) provided by the participant is used only for confirmation of the activity program participation agreement, and will not be used for any other use, provided to third parties, or disclosed.

Ocean Days

Bangaichi, Shikotsuko onsen, Cihotse-shi, Hokkaido, 066-0281 TEL 080-9325-6507 FAX 0123-25-3335