

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
JAPAN AGRICULTURAL STUDY TOURS
HASHIMOTO HEARTS

I _____ hereby assume all of the risks associated with and arising from participating in the study tour and recognize and agree that Hashimoto Hearts and their partners and affiliates, are in no way responsible for any injury, accident or damage that may occur.

In consideration of Hashimoto Hearts accepting the Undersigned into the study tour, the Undersigned hereby releases and discharges Hashimoto Hearts, its officers, trustees, faculty, staff employees, agents, affiliates and partners from any and all claims which may arise from any cause whatsoever.

This includes by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, any medical related issues that the Undersigned may suffer whilst on the tour, any risk from dangerous or defective equipment or property owned, maintained, or controlled by the persons or entities being released, or their contractors, affiliates, partners or suppliers.

I understand that for the duration of the Study Tour, it is the responsibility of the Undersigned to provide adequate and sufficient health insurance and it is in no way the responsibility of Hashimoto Hearts or their partners and affiliates to provide medical and/or travel insurance.

I understand that it is in no way the responsibility of the persons or entities being released to ensure the Undersigned has met the visa requirements for entry into Japan and the persons and entities being released can in no way be held accountable for the decisions of Japanese Customs and Border Protection Service.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, organizers, affiliates and suppliers of Hashimoto Hearts and that it will govern my actions and responsibilities at said activity or event.

I understand that for the duration of the Study Tour or on related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and affiliates.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS AN ACCIDENT WAIVER AND RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PARTICIPANTS NAME: _____

PARTICIPANTS SIGNATURE: _____

DATE: _____/_____/_____