

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT

保護者責任での参加による誓約書：保護者および18歳未満の未成年者

This form for a family must be completed and turned in before Participants begin Participating in the Event. イベントに参加される前に必ずご記入のうえ提出してください。

月/日/年の順で記入下さい。
With Month-Day-Year format.

Description of Event ("Event"): 2018 JBSD Indoor Tennis

Participants (List parents/legal guardians and their minor children participating in Event)

Mark "O" on the number if you run in a race (to accompany your child). 出走(伴走)する保護者は番号 1, 2 をOで囲む。

1. Parent/Legal Guardian Name (保護者): _____ Birthdate (MM/DD/YYYY) _____ (月/日/年)

2. Parent/Legal Guardian Name (保護者): _____ Birthdate (MM/DD/YYYY) _____ (月/日/年)

3. Minor Child's Name (未成年者): _____ Birthdate (MM/DD/YYYY) _____ (月/日/年)

4. Minor Child's Name (未成年者): _____ Birthdate (MM/DD/YYYY) _____ (月/日/年)

5. Minor Child's Name (未成年者): _____ Birthdate (MM/DD/YYYY) _____ (月/日/年)

Address _____ Tel: _____ (Home) _____ (Cell/Bus) _____
(住所) 電話番号 自宅 携帯

In an emergency, when above parent or guardian (if applicable) cannot be reached, please contact the following:

(緊急時に保護者に連絡が取れなかった場合の代替連絡先：名前、自宅・携帯電話番号、本人との関係)

Name _____

Name _____

PLEASE COMPLETE THIS FORM FOR INJURY WAIVER

"The Undersigned" is the parent(s) or legal guardian(s) of the minor child(ren) who will participate in the Event.

1. The Undersigned, in connection with Participant's participation in or transportation to and from the Event, the Japan Business Society of Detroit ("JBSD"), associated personnel of JBSD or JBSD members (including without limitation directors, officers, employees, volunteers and agents), any athletic trainer or doctor of medicine or dentistry, and any third party supervising or conducting the Event or the facilities and equipment used to conduct the Event, and the Undersigned agree(s) to hold harmless, defend, and hold harmless, and covenant(s) not to sue, the Japan Business Society of Detroit ("JBSD"), its members, and their respective directors, officers, employees, volunteers and agents, as well as the owners and lessors of premises and/or facilities and equipment used to conduct the Event, and their respective insurance carriers (if any), all of which are hereinafter referred to as "Releasees", with respect to any and all claims of any nature or kind that the Undersigned (including Undersigned's family members and Undersigned's heirs or next of kin) may have and/or that they may cause to arise as a result of Participant's participation in the Event, including but not limited to claims against any Releasee, in connection therewith.

3. The Undersigned, in connection with Participant's participation in or transportation to and from the Event, the Japan Business Society of Detroit ("JBSD"), associated personnel of JBSD or JBSD members (including without limitation directors, officers, employees, volunteers and agents), any athletic trainer or doctor of medicine or dentistry, and any third party supervising or conducting the Event or the facilities and equipment used to conduct the Event, and the Undersigned agree(s) to hold harmless, defend, and hold harmless, and covenant(s) not to sue, the Japan Business Society of Detroit ("JBSD"), its members, and their respective directors, officers, employees, volunteers and agents, as well as the owners and lessors of premises and/or facilities and equipment used to conduct the Event, and their respective insurance carriers (if any), all of which are hereinafter referred to as "Releasees", with respect to any and all claims of any nature or kind that the Undersigned (including Undersigned's family members and Undersigned's heirs or next of kin) may have and/or that they may cause to arise as a result of Participant's participation in the Event, including but not limited to claims against any Releasee, in connection therewith.

4. The Undersigned, in connection with Participant's participation in or transportation to and from the Event, the Japan Business Society of Detroit ("JBSD"), associated personnel of JBSD or JBSD members (including without limitation directors, officers, employees, volunteers and agents), any athletic trainer or doctor of medicine or dentistry, and any third party supervising or conducting the Event or the facilities and equipment used to conduct the Event, and the Undersigned agree(s) to hold harmless, defend, and hold harmless, and covenant(s) not to sue, the Japan Business Society of Detroit ("JBSD"), its members, and their respective directors, officers, employees, volunteers and agents, as well as the owners and lessors of premises and/or facilities and equipment used to conduct the Event, and their respective insurance carriers (if any), all of which are hereinafter referred to as "Releasees", with respect to any and all claims of any nature or kind that the Undersigned (including Undersigned's family members and Undersigned's heirs or next of kin) may have and/or that they may cause to arise as a result of Participant's participation in the Event, including but not limited to claims against any Releasee, in connection therewith.

5. The Undersigned, in connection with Participant's participation in or transportation to and from the Event, the Japan Business Society of Detroit ("JBSD"), associated personnel of JBSD or JBSD members (including without limitation directors, officers, employees, volunteers and agents), any athletic trainer or doctor of medicine or dentistry, and any third party supervising or conducting the Event or the facilities and equipment used to conduct the Event, and the Undersigned agree(s) to hold harmless, defend, and hold harmless, and covenant(s) not to sue, the Japan Business Society of Detroit ("JBSD"), its members, and their respective directors, officers, employees, volunteers and agents, as well as the owners and lessors of premises and/or facilities and equipment used to conduct the Event, and their respective insurance carriers (if any), all of which are hereinafter referred to as "Releasees", with respect to any and all claims of any nature or kind that the Undersigned (including Undersigned's family members and Undersigned's heirs or next of kin) may have and/or that they may cause to arise as a result of Participant's participation in the Event, including but not limited to claims against any Releasee, in connection therewith.

Parent/Legal Guardian Signature(s): 1. _____ 2. _____ (保護者サイン)

Minor Child Signatures: (未成年者サイン)

(3) _____ (4) _____ (5) _____

Date: _____ (日付)

※必須
Must

任意
Voluntary

参加する、しないに関わらず必ず保護者の方の氏名を記入下さい。
This form needs parent's name and signature regardless of his/her participation.
保護者で参加される方はOをつけて下さい。
If the parent will participate, please mark "O" on the number.
参加されるお子様が4名以上いらっしゃる場合は、新たな用紙に記入下さい。
If you have 4 or more children who will participate the event, please fill out an additional form.

「必須」の項目は必ず記入をお願いします。
Be sure to fill out "Must" items.

“Participants”の1.および2.に記入された方の氏名(保護者氏名)でサインをお願いします。
Sign under the name of the person written on 1 and 2 in the “Participants”.

※必須
Must

お子様自身がサインを書けない場合は、保護者の方が代理でサインをお願いします。
Parent can sign under the name of your child instead.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK,
COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT

自己責任での参加による誓約書：18歳以上の参加者用

This form must be completed and turned in before Participant begins Participation in the Event.

Description of Event ("Event"): 2018 JBSD Indoor Tennis

Participant's Name (参加者氏名) _____ Birthdate (MM/DD/YYYY) _____
Address (住所) _____
Tel (電話) _____ (Home 自宅) _____ (Cell/Bus 携帯) _____

※必須
Must

In an emergency, when parent or guardian (if applicable) (緊急時の連絡先：名前、自宅・携帯電話) contact _____
Name _____ Tel: _____ (Home) _____ (Cell/Bus) Relationship _____

活字体で記入下さい。
Please Print.

月/日/年の順で記入下さい。
With Month-Day-Year format.

TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN. 緊急時の治療に関する基本情報

Allergies アレルギー _____
Other Medical Conditions その他の症状 _____
Physician かかりつけ医 _____ Tel 電話 _____
Medical/Hospital Insurance Company _____ Tel: _____
Policy Holder's Name 保険証保有者名 _____
Policy Number 保険証番号 _____

任意
Voluntary

「必須」の項目は必ず記入をお願いします。
Please be sure to fill out "Must" items.

Participant is 18 years or older, or both the Participant and the Participant's parent is under the age of 18.

1. The Undersigned authorize(s) the following persons to authorize and consent to medical assistance and/or treatment on behalf of Participant (including, if applicable, transportation to the nearest hospital) in the event of illness or injury to Participant in connection with Participant's participation in or transportation to and from the Event: the Japan Business Society of Detroit ("JBSD"), associated personnel of JBSD or JBSD members (including without limitation directors, officers, employees, volunteers and agents), any athletic trainer or doctor of medicine or dentistry, and any third party supervising or conducting the Event or owning, leasing or operating premises and/or facilities and equipment used to conduct the Event, and the Undersigned agree(s) to be financially responsible for the cost of such medical assistance and/or treatment.

2. The Undersigned hereby assume(s) all of the risks of Participant participating in the Event, whether known or unknown, inherent or otherwise and accepts personal responsibility for any and all damages associated with or arising or resulting from participation in the Event (including without limitation any injury, permanent disability or death). The Undersigned hereby release(s), discharge(s), covenant(s) to indemnify, defend, and hold harmless, and covenant(s) not to sue, the Japan Business Society of Detroit ("JBSD"), its members, and their respective directors, officers, employees, volunteers and agents, as well as the owners and lessors of premises and/or facilities and equipment used to conduct the Event, and their respective insurance carriers (if any), all of which are hereinafter referred to as "Releasees", with respect to any and all claims of any nature or kind that the Undersigned (including Undersigned's family members and Undersigned's heirs or next of kin) may have and/or that they may cause to arise as a result of Participant's participation in the Event, including but not limited to claims against any Releasee, claims by third parties, and all damages, costs and attorneys fees incurred in connection therewith.

3. This document is governed by Michigan law (without application of conflicts of law principles), shall be binding and enforceable to the fullest extent permitted by law and shall be binding upon the assignees, heirs, next of kin executors and personal representatives of the Undersigned. If any part is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. All liabilities and obligations of the Undersigned hereunder are joint and several.

4. In the case of a minor Participant, the Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but also on behalf of the minor, that the minor shall be bound by all the terms hereof, that the parent or legal guardian is waiving certain rights on behalf of the minor that the minor may otherwise have, and that but for the foregoing, the minor would not be permitted to participate in the Event.

※必須
Must

Participant Signature: _____ Date: _____

EMERGENCY MEDICAL INFORMATION
TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN
緊急時の治療に関する基本情報

1. Parent/Legal Guardian Name: (保護者氏名) _____

Allergies (アレルギー) _____

Other Medical Conditions (その他の症状) _____

Physician (かかりつけ医) _____ Tel (電話) _____

Medical/Hospital Insurance Company (医療保険会社) _____ Tel 電話) _____

Policy Holder's Name(保険証保有者名) _____ Policy Number (保険証番号) _____

2. Minor Child Name (未成年者氏名) _____

Allergies (アレルギー) _____

Other Medical Conditions (その他の症状) _____

Physician (かかりつけ医) _____ Tel (電話) _____

Medical/Hospital Insurance Company (医療保険会社) _____ Tel 電話) _____

Policy Holder's Name(保険証保有者名) _____ Policy Number (保険証番号) _____

3. Minor Child Name (未成年者氏名) _____

Allergies (アレルギー) _____

Other Medical Conditions (その他の症状) _____

Physician (かかりつけ医) _____ Tel (電話) _____

Medical/Hospital Insurance Company (医療保険会社) _____ Tel 電話) _____

Policy Holder's Name(保険証保有者名) _____ Policy Number (保険証番号) _____

4. Minor Child Name (未成年者氏名) _____

Allergies (アレルギー) _____

Other Medical Conditions (その他の症状) _____

Physician (かかりつけ医) _____ Tel (電話) _____

Medical/Hospital Insurance Company (医療保険会社) _____ Tel 電話) _____

Policy Holder's Name(保険証保有者名) _____ Policy Number (保険証番号) _____

Date: (日付) _____

任意
Voluntary