



## The 39<sup>th</sup> Japan National Individual Lifesaving Championship

# Consent Form

### **Pledge and Consent Form**

**[1] Eligibility** Registered athletes of this team meet all participation requirements and eligibility criteria established by the event organizer.

**[2] Compliance and Cooperation** Registered athletes of this team shall comply with all rules, regulations, and instructions set by the event organizer and shall cooperate in the smooth operation and conduct of the competition.

**[3] Management of Personal Belongings** Registered athletes of this team shall take full personal responsibility for their belongings during the event and shall not hold the event organizer liable for any loss or damage.

**[4] Waiver of Liability and Insurance** In the event of injury, permanent disability (sequelae), or death occurring during the competition or incidental events, registered athletes of this team waive and release all event-related personnel, volunteers, and stakeholders from any and all civil liability, regardless of the cause. Furthermore, we hereby declare that we are insured to prepare for any unforeseen circumstances.

**[5] Health Status and Preparation** Registered athletes of this team affirm that they are in good health. They acknowledge that they will participate in the competition at their own discretion and responsibility, paying due attention to their safety and health, and having undergone sufficient training.

**[6] First Aid Treatment** Registered athletes of this team consent to receiving emergency first aid administered by the event organizer in the event of an accident or illness during the competition, and shall not object to the methods or results of such treatment.

**[7] Portrait Rights and Personal Information** Registered athletes of this team acknowledge that all portrait rights belong to the event organizer. They consent to the use of their personal information in event-related publicity, news reports, and media, and permit commercial use in printed materials, video productions, and information media produced by the event organizer.

**[8] Aerial Filming (Drones)** Registered athletes of this team understand and agree that filming equipment (such as drones) may be operated within the competition area for the purpose of recording the event from the air.

**[9] Consent of Family/Guardians** Registered athletes of this team confirm that their families, relatives, and/or guardians understand the nature of the event and have granted consent for



their participation.

**[10] Risk of Infection** Registered athletes of this team understand that it is impossible to completely eliminate the risk of infection from various infectious diseases or viruses. They agree to participate in the competition at their own risk and acknowledge that any loss or harm resulting from such risks is the sole responsibility of the athlete.

**[11] Infection Control Measures and Protocols** Registered athletes of this team shall strictly adhere to the following measures regarding infectious diseases and viruses:

- **Prior to the Event:** Athletes will implement thorough infection prevention measures and exercise caution in their daily behavior. They will refrain from participating if they experience any physical abnormalities or symptoms.
- **During the Event:** Athletes will understand and follow the infection control protocols presented by the organizer. They will strive to avoid the "Three Cs" (Closed spaces, Crowded places, Close-contact settings), maintain hygiene, and work together to ensure zero close contacts and zero clusters. If an infection is suspected, they will strictly follow the organizer's instructions.
- **Post-Event/Emergency:** In the event that an infection is confirmed among participants, athletes will cooperate with epidemiological investigations. This includes the prompt provision of personal information to the organizer and consent to disclose such information to investigative agencies and other participants as necessary. They will follow the instructions of public health centers and medical institutions (Note: Personal information will not be provided to third parties for any other purpose).

I have well read the above 1.~11.

I myself as the Team Manager and all the competitors within the team understand and agree.

Team Name	
Team Manager Name	
Team Manager Sign	
Date	Day / Month / Year