

Confirmation Form

First of all please check after confirming the following information.

1 Participants who are under the influence of drugs or alcohol at the time of participation are not allowed to participate.
2 Minors must have a parent or guardian's signature (consent). 3 If you are pregnant, please inform the instructor.
 I have confirmed the above information. 4 Freediving and Skin diving is prohibited.

Medical History

Please check all that apply. If none of the above applies to you, please check "None of the following".

None of the following *If any of the following items applies to you, you may be asked to refrain from participation.

<input type="checkbox"/> I have a cold today and have a stuffy nose or ears	<input type="checkbox"/> Asthma
<input type="checkbox"/> Have a history of heart disease such as arrhythmia	<input type="checkbox"/> Have high blood pressure
<input type="checkbox"/> Have epilepsy, seizures, or convulsions	<input type="checkbox"/> Have a serious illness or injury and had surgery within a year
<input type="checkbox"/> Have a history of respiratory disease such as tuberculosis, pneumonia, spontaneous pneumothorax, etc.	
<input type="checkbox"/> Have ever had ear disease, visual impairment, or balance disorder	
<input type="checkbox"/> Have ever had ear or sinus surgery	<input type="checkbox"/> I have a history of neck, back, waist, or limb problems and have received treatment for them.
<input type="checkbox"/> Have a fear of heights, mental or nervous system disease, or panic attack.	

Others

• Did you get enough sleep last night (YES • NO) • Do you have any snorkeling experience (YES • NO)
Please answer the following only if you are taking the diving course
• Do you have any diving experience (YES • NO) • Do you have a license (YES • NO)
• License holders (Acquisition date : Acquisition location : License Types :)

Participant information

※Please fill in the box.

Participant name			Participant contact number		
Date of birth	/	/	Age	Parental signature (if minor)	
Private home address					

Emergency contact information

※Please fill in the contact information for anyone not on board.

Emergency contact phone number	Emergency contact name	Relationship
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※Please fill in the emergency contact information for the person who will not be on the ship.

Participation Consent Form

I, the undersigned, hereby pledge that I understand the environment and conditions involved in participating in activities organized and conducted by NEWS Co. I also pledge to take the utmost care in taking care of my own health. I also pledge that I will not hold NEWS Co., Ltd. and FACE Co., Ltd. liable for any damage or injury caused by my failure to follow the instructions of the captain, instructors, or staff of the vessel, or by my gross negligence in conducting the activity. I also pledge that I, my family, heirs, legatees, and any other interested parties will not pursue any criminal or civil action or prosecution against NEWS Co.

I have read and fully understand the contents of this agreement, have filled in my medical history accurately, and have signed this agreement of my own volition, not because I was forced to do so by any third party.

Participation date	/ /	Participant signature	
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Compliance

*The tour will be held in compliance with the following items

(1) Do not dive while overworked, sleep deprived, under the influence of alcohol or drugs	(2) Always observe the buddy system while diving.
(3) Do not harm the growth of fish and shellfish in aquaculture or aquaculture facilities	(4) Do not dive where there is a risk of danger to divers
(5) Do not operate at such high speeds as to endanger swimmers or other vessels	(6) Do not cross immediately in front of or behind other vessels
(7) Do not approach vessels or meander around other vessels	(8) Follow the guidance and advice of police officers, marine safety instructors, and operators

スタッフ記入欄

・コース (AM便 PM便 1日) ・ポイント (ナガンヌ島 神山島 クエフ島)

(A · B · C · D · E · P · DP · パラセーリング · チャーター)

インストラクターサイン

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