

HOZUGAWA RAFTING PARTICIPATION AGREEMENT

Please review the Participation Agreement below, understand it fully, and sign the form accordingly.

1. I acknowledge the inherent risks involved in rafting, including but not limited to injury or death from drowning, hypothermia, or other causes, which cannot be entirely eliminated since the tour takes place in nature.
2. I acknowledge that I am required to comply with all instructions given by the organizer's staff during the tour. I understand that failure to comply with these rules may result in my removal from the course without refund.
3. I listen carefully to the safety briefing and cooperate to ensure safety.
4. I certify that I am physically fit and able to participate in this rafting course.
5. I have not consumed any alcohol.
6. I am not currently pregnant.
7. I agree to take full responsibility for my personal belongings and valuables and will not hold the organizer responsible for any loss, damage, or theft that may occur during the tour.
8. I acknowledge the tour's insurance coverage limits and agree not to pursue claims beyond them. I am solely responsible for any damages or losses beyond the policy coverage.

«The details of the insurance policy purchased by the participant»

(Death: 50,000,000yen Hospitalization: 5,000yen/1 day Outpatient: 3,000yen/1 day)

9. Participant Information (Please write legibly. Thank you!)

※How did you discover Hozugawa Rafting?

Internet search for(Rafting Hozugawa River Boat Ride) Google Maps Instagram Other()

1.Name	<input type="checkbox"/> I agree to all terms and conditions stated.
	Date of Birth: (Age:) Gender(M•F)※2
<u>Parent/Guardian Signature</u> ※1	Address:
2.Name	<input type="checkbox"/> I agree to all terms and conditions stated.
	Date of Birth: (Age:) Gender(M•F)※2
<u>Parent/Guardian Signature</u> ※1	Address:
3.Name	<input type="checkbox"/> I agree to all terms and conditions stated.
	Date of Birth: (Age:) Gender(M•F)※2
<u>Parent/Guardian Signature</u> ※1	Address:
4.Name	<input type="checkbox"/> I agree to all terms and conditions stated.
	Date of Birth: (Age:) Gender(M•F)※2
<u>Parent/Guardian Signature</u> ※1	Address:
5.Name	<input type="checkbox"/> I agree to all terms and conditions stated.
	Date of Birth: (Age:) Gender(M•F)※2
<u>Parent/Guardian Signature</u> ※1	Address:

※1 If under 18 years of age, a signature from a guardian is required.

※2 Participants of Arashiyama course must indicate their gender due to the requirements of the hot spring facilities.

Date: / / () : AM/PM

<input checked="" type="checkbox"/> LINKTIVITY	<input checked="" type="checkbox"/> Arashiyama/Enrichment
<input type="checkbox"/> Rental Shoes: (Yen)	<input type="checkbox"/> Notes: