



## Trip Permission and Medical Waiver for Japan Learning Program

Activity: Kodomo Gakushu Kyoshitsu Japan Learning Program 日本交流プログラム  
Dates: June 8th, 2025 through June 17th, 2025

### **Informed Consent and Acknowledgement**

I hereby give my approval for my child's and/or myself participation in any and all activities prepared by Kodomo Gakushu Kyoshitsu (here in KGK) during the selected trip to Japan. In exchange for the acceptance of said child's candidacy by KGK., I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected trip to Japan.

In case of injury to said child, I hereby waive all claims against KGK. including all teachers and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all trip activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

### **Medical Release and Authorization**

As the parent(s) or legal guardian(s) of the my child's and/or myself, I/we understand that the ultimate responsibility for the medical treatment of my/our child rests with me/us and my/our family, and agree to the following:

Required Travel Insurance: As the parent(s) or legal guardian(s) of my child's and/or myself, I/we understand that all participants must purchase adequate trip insurance and submit the certificate to KGK prior to the departure date. The travel insurance not only covers the trip accidental incident but all medical treatment necessary.

Limited Emergency and Non-Emergency Medical Service: I/We understand that Kodomo Gakushu Kyoshitsu ("Kodomo") offers limited student emergency and non-emergency medical

services. I/We hereby authorize such emergency and non-emergency medical services for my/our child as may be deemed necessary or appropriate by Kodomo, and that Kodomo will make reasonable attempts to notify me/us as soon as possible of injury or illness to my/our child.

Referral and Consultation: I/We further authorize Kodomo to refer my/our child to, or consult with, such physicians or facilities as Kodomo deems necessary or appropriate. My/Our preference (which is not mandatory) in the event of such referral or consultation is stated in this Form. I/We understand that any charges for such referral and consultation shall be our sole responsibility.

Release: In consideration of my/our child's participation in Kodomo's Activity described above, on behalf of myself/ourselves, my/our personal representatives, my/our assignees and my/our child, I/we (i) waive and release any and all claims against Kodomo, and its officers, directors, agents, representatives and employees, in both their personal and professional capacities (collectively "Kodomo"), for injuries, liabilities, losses or damages connected with or arising out my/our child's participation in the Kodomo Activity, and (ii) I/we agree to indemnify, defend and forever hold harmless, Kodomo from and against any and all claims, proceedings, injuries, liabilities, losses, damages, expenses, reasonable attorneys fees and costs, relating in any manner to the Kodomo Activity, including but not limited to the rendering of medical treatment of my/our child.

NOTE: Specify on a separate sheet any special medical needs or problems such as allergies to foods, medicines, etc. Name medicine and dosage prescribed for asthma, allergies, etc.

## **Confirmation**

BY ACKNOWLEDGING AND SIGNING IN THE ONLINE FORM, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.