# Waiver and Release Agreement Form for Iwakuni Friendship Relay Marathon 2021

In consideration of being accepted as a participant in the Iwakuni Friendship Relay Marathon 2021 on 5 December 2021 (hereinafter referred as "Event"):

## <Strict Adherence to Rules and Self-Management Responsibilities>

After carefully reviewing and confirming the Event guidelines stipulated by the Event organizer (<a href="http://kizunarelay.com/en/">http://kizunarelay.com/en/</a>), I pledge that I respect all rules, policies, and instructions; pay sufficient attention to safety management and health care at my responsibility; and shall withdraw myself from the Event promptly in the Event any abnormalities occur in my physical condition.

## <Understanding of Event Characteristics and Participation Suitability>

I understand that this Event is an outdoor competition and that physical conditions of participants could change suddenly. I confirm that I am in good health and I do not expect any problems with my participation in the Event. In addition, my doctor has confirmed upon a medical examination within 1 year that I am in good health. Additionally, if there any special conditions that I would like the medical team to be aware of for emergency medical care, such as allergies, hypersensitivity, and medical history, I will report it in writing to the Event organizer in advance. I will submit a medical certificate and electrocardiogram certificate if the Event organizer requests.

# <Discontinuation of Competition and Emergency Medical Treatment>

I accept the Event organizer's instruction to discontinue the competition if the organizer determines that there is a hindrance for me to continuing the competition. In addition, if I get injured or develop illness during the Event, I agree to doctors and the Event organizer administering emergency medical treatment to me, and I will not object to the method and results of the treatment.

#### <Release and Hold Harmless Agreement>

I do hereby waive any rights and causes of action I have or might have in the future against any of their officials, agents, employees, and volunteers connected in any way with this Event, as a result of injury of any type whatsoever including, but limited to, property loss, personal injury, bodily harm or impairment, death or emotional stress caused in connection with my participating in the Event. I also confirm and acknowledge that the compensation for me is within the scope of the accident insurance applied to the Event by the Event organizer. Accordingly, I hereby waive for myself and my families, guardian, executors, heirs, assigns, creditors, and administrators for any and all rights and claims for damages, demands, and any other actions whatsoever, against the above mentioned organizations and individuals from any and all liability, claims, demands, and actions whatsoever arising out of or relating to any loss, damage, illness, death, or injury.

#### <Act of God>

I pledge not to hold the Event organizer liable and not to claim for any payment for the cancellation or change in the Event contents due to reasons that cannot be attributed to the Event organizer such as worsening weather conditions, natural disaster. Furthermore, in the event of any hindrance to my competition or participation due to the loss or damage of the competition equipment, I will not make any claims for any expenses required to participate in the competition.

#### < Publicity and Commercial Use of Personal Information>

I consent to the Event organizer and supporting organizations using my name, image and likeness, age, address, etc. before, during or after the Event for Event promotional broadcasting or reporting purpose in any media.

### <Consent from Family>

I attest that my family, relatives, or guardians understand and accept the contents of the Event under this agreement.

<countermeasures against="" covid-19=""></countermeasures>
In participating in the Event, I pledge to comply with the following:
☐ I understand the intent of the Event and thoroughly observe the infection preventive measures set forth by the Event organizer and
comply with instructions given based on situation.
☐ I will checked my temperature prior to the Event and it will have to be below 99.5 °F to participate in the Event.
☐ I will not participate in the Event if I have any symptoms of coughing or sore throat within 2 weeks before the Event.
$\square$ I will not participate in the Event if I have symptoms of fatigue or short of breath.
☐ I will not participate in the Event if I come into close contact with people who are confirmed positive for COVID-19.
☐ I will not participate in the Event if anyone in my family members or my close friends is suspected of having COVID-19.
☐ I will not participate in the Event if go to COVID-19 high risk areas or countries within 2 weeks prior to the Event.
$\square$ I will bring a mask (or face coverings) to the Event and wear it all the time except when I am running.
☐ If I tested positive for COVID-19 within 2 weeks after the Event, I will immediately notify the Event organizer of whether or not I had any
close contacts.

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Dear Event Organizer,

I pledge that all information I enter into this agreement form is true and accurate.

By filling in all the necessary items on this agreement form and signing it, I attest that I fully understood and accept the terms and conditions of this Agreement, including the Event rules and policies located at http://kizunarelay.com/en/.

Parental Consent (required if the participant is less than 18 years of age): As the parent and/or legal guardian to the minor identified below, I hereby accept and agree to all of the terms and conditions of this Agreement on behalf of the minor in connection with the minor's participation in the Event.

Date	Date:			
Tear	m Name:			
Cate	egory (circle one):			
Open (anyone ages 6 and above) Kids (ages 6-12 only)		International (combination of Japanese and foreign nationals)		
Add	ress:			
Pho	ne #: Email Address:			
	Date of Signature: Participant Print Name:	Participant Signature:		
1	DOB: Age: Parent's/Guardian's Print Name:	Parent's/Guardian's Signature:		
	Date of Signature: Participant Print Name:  DOB: Age:	Participant Signature:		
2	Parent's/Guardian's Print Name:	Parent's/Guardian's Signature:		
	Date of Signature: Participant Print Name:	Participant Signature:		
3	DOB: Age: Parent's/Guardian's Print Name:	Parent's/Guardian's Signature:		
4	Date of Signature: Participant Print Name:  DOB: Age:	Participant Signature:		
4	Parent's/Guardian's Print Name:	Parent's/Guardian's Signature:		
_	Date of Signature: Participant Print Name:  DOB:  Age:	Participant Signature:		
5	Parent's/Guardian's Print Name:	Parent's/Guardian's Signature:		
	Date of Signature: Participant Print Name:  DOB:  Age:	Participant Signature:		
6	Parent's/Guardian's Print Name:	Parent's/Guardian's Signature:		

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