

The Joshu Mt. Hotakasan Sky View Trail Race Participation Agreement & Waiver

I (and if the I am a minor, my parents/guardian) agree to the following when participating in the Joshu Mt. Hotakasan Sky View Trail ("Race") organized by the Joshu Mt. Hotakasan Sky View Trail Committee ("Organizer"):

⟨Compliance with rules and responsibility for self-management⟩

1. I understand the nature of trail races and acknowledge that I am qualified and in suitable physical condition to participate in this Race. I fully understand the Race's intention to have "respect for nature and culture" and that its purpose is to "revitalize the region" and I promise to comply with all the rules, regulations and instructions set out by the Organizer. I understand that it is my responsibility to manage my own safety and health while taking part in this Race, and in the unexpected event that an issue arises in terms of my physical condition, etc., I promise to stop racing immediately.

I fully understand and accept that:

- 1) Trail events take place on public roads, public facilities and mountainous areas, etc. and that there is the possibility of dangers ("risks") including illnesses, injuries, permanent damage as well as death.
- 2) These risks may occur due to actions or omission of actions by myself or a third party participating in the event, the environment in which the event is held, as well as actions or omission of actions of those involved in the event including the Organizer, volunteers, sponsors, etc.

⟨Understanding the competitive nature of this Race and my suitability for participation⟩

2. I have enough experience in outdoor sports to participate and finish this Race and understand that it takes place in an environment where weather conditions can change rapidly and that the participant's own physical condition can also change suddenly. Also, as the Race takes place in the outdoors where there are many unstable factors, I understand that there is a high possibility that emergency assistance may be hindered. I am in good health and do not expect any problems during the Race. If I have any medical issues that I would like the Race's medical and emergency rescue teams to know of including allergies, special conditions such as hypersensitivity and pre-existing illnesses as well as the need to refuse blood transfusions for religious reasons, I will inform the Organizer in writing before the Race. If requested by the Organizer, I agree to submit a health certificate as well as an electrocardiogram certificate.

⟨Agreement to comply with race-stop orders and first aid treatment⟩

3. If the Organizer determines that I am unable to continue the race, I promise to accept this decision and stop racing immediately. If I get hurt, become ill or get involved in an accident, I agree to allow physicians and the Organizer to provide me with first aid treatment and I will not object to the methods and results of the treatment given.

⟨Accidental death and disability waiver⟩

4. I understand that I am responsible for managing my own safety. I also understand that any compensation provided will only be within the scope of the Race's event accident insurance. I will not ask for further compensation nor will I hold the Organizer and all those involved in the Race, responsible for accidents, injuries, permanent damage/disabilities as well as death during or after the Race or overall event, regardless of the cause.

⟨Force Majeure disclaimer⟩

5. If the Race is cancelled or if the race content is changed and/or any equipment is lost or damaged due to uncontrollable factors such as the deterioration of weather conditions and damage to the race environment/course, I will not hold the Organizer responsible and I will not to ask for a refund of my participation fee and any related expenses.

⟨Exclusive Jurisdiction⟩

6. If a lawsuit is brought against this Race, I understand and agree that it will be in the exclusive jurisdiction of the Tokyo District Court.

To the Joshu Mt. Hotakasan Sky View Trail Committee

I swear that all information on my application form is true and accurate, and agree to and accept this Race Participation Agreement & Waiver. I also understand and accept the contents of the Race and event accident insurance and have filled in the necessary information below and signed it. (If you are under 20 years old, your parent's or guardian's signature is required.)

Date : _____

Race Bib Number : No. _____

◆ Racer's signature : _____

◆ Parent's (Guardian's) signature : _____

Health Check Sheet

| | | | |
|--|----|-------------|--|
| Name | | | |
| Height | cm | Body weight | kg |
| | | Blood type | Type RH(+ · -) |
| I have been treated for medical issues/diseases in the past. | | Yes / No | In the case of Yes, provide Year / Disease name/description: |
| I am currently being treated for a medical issue/disease. | | Yes / No | In the case of Yes Disease name/description: |
| I have a medical issue/disease that I have not yet received treatment for. | | Yes / No | In the case of Yes Disease name/description: |
| I am currently using/taking medicine(s) | | Yes / No | In the case of Yes Name of medicine: |
| Do you have allergies to any medicines? | | Yes / No | In the case of Yes Name of medicine: |
| In addition, please tell us if there is anything you want the medical team to know of. | | | |

Agreement & Waiver

1. I understand that it is my own responsibility and will pay close attention to the management of my own health and safety and agree to abide by all the rules established by the Race.

2. In the event of an unexpected accident etc., I agree that I will not ask the Organizer for compensation exceeding the scope of the "Disclaimer" and "Compensation Content" presented in the Race Participation Agreement and Waiver nor will I argue the details of the disclaimer/compensation agreement.

3. I am in good health and that as a result of doctor's health checkup, I am in good enough condition to participate in this event. I will have the courage to make the decision to not race if I am not feeling well on the day of the race, and also agree to comply with the Organizer's order to stop racing if it is determined that I am

Date: _____ . _____ . _____ .

Race Bib Number: No. _____

Racer's signature _____

I have no objection to submitting this Agreement.

In addition, If you are under 20 years old, your parent's signature is required.

Parent's signature _____