

運営にあたり大変重要な情報となります。Participant Nameの欄に参加されるお子様のお名前を全て記載、それ以外の欄もすべて記入をお願いいたします。なお、記入は英語にてお願いいたします。

- **Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement**
- **Emergency Medical Permission Form**
- **Photo Release Form**
- **JYSO Policy Agreement**
- **For Participants of Minority Age (Under Age 18 At the Time of Registration)**

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of being permitted to participate in any way in the JYSO Program (hereinafter referred to as "JYSOP"), EACH OF THE UNDERSIGNED, for him/herself, his/her personal representatives, heirs, and next of kin:

1. I understand and acknowledges the risks and dangers associated with participation in JYSOP, including without limitation, the potential for serious bodily injury, sickness and communicable disease (such as common cold, influenza and COVID-19 etc), permanent disability, paralysis and loss of life, loss of or damage to equipment/property; exposure to extreme conditions and circumstances, contact with other participants, spectators, or other natural or manmade objects, dangers arising from adverse weather conditions, equipment failure, inadequate safety measures, participants of varying skill level, situations beyond the immediate control of the organizers, and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I certify that the participant in good health and in proper physical condition to participate in JYSOP, and I agree that it is my sole responsibility to determine whether the participant is sufficiently fit and healthy enough to participate in JYSOP, that the participant is responsible for their own safety and well being at all times and under all circumstances while at the program site.
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: JYSO, all of organizers, coaches and volunteers, with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature (“Liability”) which may arise out of, result from, or relate in any way to my participation in JYSOP, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

Emergency Medical Permission From

I authorize JYSOP staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care during the program. I understand this includes calling the physician named on my application, implementing their instructions and transporting my child by ambulance to a hospital or clinic without obtaining any further consent. I assume full responsibility of all costs incurred from any transportation and medical treatment received by my child. I further agree, and by my signature give my consent, that in case of accident or illness of a serious nature, my child will be given emergency medical treatment and care, as deemed necessary by the physician or EMS staff of the hospital named on the application. I understand I will be contacted immediately (or as soon as possible should I be away from the phone number listed with my application) but that the first consideration in the event of an emergency will be the proper aid for my child.

*参加されるお子様全員のお名前とPolicy Numberをご記入ください。

_____ Phone: _____ -
Family Doctor's name (担当医師)

_____ Phone: _____ -
Name of insurance carrier (保険会社)

Policy Number

*個人保険に加入されていない場合は、ご入会いただけません。

_____ Phone: _____ -
Emergency contact name (緊急時の連絡先)

Photo Release Form

I hereby grant permission to JYSOP to use photographs and/or video of participants taken during the activities in publications, news releases, online, and in other communications related to the mission of JYSOP.

*JYSOの活動報告として、JYSOのWebページにお子様の名前や写真が掲載される場合がございます。あらかじめご了承ください。

JYSO Policy Agreement

<服装に関して>

JYSOP活動中は指定のユニフォームをご着用ください。白いサッカー用のソックスとシンガード（脛あて）、サッカー用のシューズ（スパイク）は各ご家庭でご用意ください。シンガードとスパイクは着用必須ですので、忘れてきたお子様はその日の練習には参加できません。またサッカーボールは各ご家庭でご用意ください。

<COVID-19に関して>

- ・コロナに関わらず基本的な感染症対策として、熱症状、強い倦怠感、咳、痰、喉に異常を感じる、嗅覚・味覚に異常を感じる等の症状がある時は活動に参加せずに休養してください。
- ・JYSO参加後、コロナ発症した場合は速やかに役員までお知らせください。
- ・コロナ感染・回復後の参加に関しては、CDPH-California Department of Public Health(<https://www.cdph.ca.gov/>)のその時点での最新ガイドラインに準じますので、ご確認ください。

<JYSO規約に関して>

JYSO規約に関してはこちらのリンク先をご参照ください。
https://jyso.org/?page_id=112

For Participants of Minority Age (Under Age 18 At the Time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all

liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____

Participant Name: _____

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to minor(s): _____

DATE SIGNED: _____

必要事項を記入、署名の上、 application@jyso.org までメールで返送して下さい。