

ACTIVITY LIABILITY WAIVER

(Please read this activity liability waiver carefully before signing)

I _____(hereinafter referred to as "I ") fully acknowledge that _____ (hereinafter referred to as "the Activity") to be held at the Renaissance Resort Okinawa (hereinafter referred to as "RRO") is accompanied by a risk of serious injury or death. I participate the Activity based on the fully acknowledgement.

.....
Before signing ACTIVITY LIABILITY WAIVER (hereinafter referred to as "the LIABILITY WAIVER"), I carefully read and fully understand the LIABILITY WAIVER and declared the above without falsehood based on the understanding. I also fully acknowledge that the Activity is accompanied by injury, death or other damage to me and my family, property, heir or assignee. I choose to participate in the Activity based on the acknowledgement.

I fully understand and agree that RRO which instruct me, operation management company, affiliate and subsidiary of RRO, and each employee, officer, representative, contractor or assignee of those companies (hereinafter referred to as "indemnifying party") is not responsible for injury, death or other damage (whether consequential or direct) to me and my family, property, heir or assignee as a result of my participating in the Activity or negligence of the parties including the above indemnifying party in any way even if hell freezes over.

In addition, I fully agree that I SHALL bear personally all responsibility for any injury and other damage that may occur to me (whether predictable or not) while I participate in the Activity. Also, I SHALL release and discharge this Program and indemnifying party from all of claim or litigation by me, my family, my heir or my assignee and SHALL not damage indemnifying party. I also fully understand that the Activity is physically intense action and I need to make considerable efforts to participate. Further in the event of being damaged by heart attack, panic situation, drowning and others, I fully agree that I undertake a risk of injury by the above clear provision and do not to cause indemnifying party to be liable for.

Furthermore, I reach the adulthood and have a qualification to sign this LIABILITY WAIVER or obtain consent based on the documentation of my person in parental authority or guardian. Also, I fully understand that terms and conditions described herein are agreement and not just an instruction. I sign this form based on my free will with my consent of waiving in my legal rights under this LIABILITY WAIVER. Furthermore, in the event either provision of this LIABILITY WAIVER does not have binding force or validity, I fully agree to separate the provision from this LIABILITY WAIVER. In this case, the remaining provisions SHALL be construed as there not being the provision that may not be enforced.

I fully agree to release and discharge all the above relevant people from all responsibility for a personal injury, a property damage or a death from tort (whether consequential or direct loss, and whatever the cause, including such as negligence of the indemnifying party) arising from the Activity which I am instructed based on this LIABILITY WAIVER.

I carefully read this LIABILITY WAIVER prior to signing it for me and my heir and understand the substance enough.

I also understand the ACTIVITY HEALTH REPORT OF INVESTIGATION. There are no errors in the information with respect to the medical history and health problem as far as I know. If I do not reveal the present or past health condition, I fully agree to take responsibility about the omission of description.

This LIABILITY WAIVER SHALL be governed by and construed in accordance with the laws of Japan.

In the event of any dispute, the Japanese version of this LIABILITY WAIVER SHALL prevail over this English version.

Year _____Month _____ Day _____

A participant signature _____

In the case of a minor, signature by person in parental authority or guardian

Participant entry column (please fill it out in the BLOCK STYLE)

Room number _____.

A participant name _____.

Date of birth

Year _____ Month _____ Day _____

Age _____

Address

〒 _____

Phone number _____

Emergency contact number _____
