

Event Participation Consent Form

Program Name: Yukake Gassen (Noboribetsu Hot Spring Festival)

Program Date: 4th February, 2026

Location: Noboribetsu Onsen

1. Participant Information

Full Name: _____

Date of Birth: _____

Residential Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

(Please submit a copy of your passport)

2. Acknowledgment of Risks

I understand that participation in this event may involve certain risks, including but not limited to physical activity, travel, and interaction with other participants. I confirm that I am in suitable health to participate and will follow all safety instructions provided by the organizers.

3. Liability Waiver

I release and hold harmless the event organizers, sponsors, and venue from any claims, damages, or liabilities arising from my participation, except in cases of proven negligence or misconduct.

4. Medical Consent

In case of emergency, I authorize the event staff to arrange medical treatment for me and agree to be responsible for any related costs.

5. Media Release

☐ I consent to the use of my image, voice, or likeness in event-related photos, videos, and promotional materials.

☐ I do not consent to the use of my image or likeness.

6. Signature

By signing below, I confirm that I have read, understood, and agree to Confirmations & Understandings and the terms of this consent form.

Signature: _____

Date: D / M , 2026