



ACTIVITY HEALTH REPORT OF INVESTIGATION

(Please read carefully before signing)

The ACTIVITY HEALTH REPORT OF INVESTIGATION (hereinafter referred to as the Report of Investigation) is a statement in which you are informed of some potential risks involved in an Activity and is intended to confirm that the risks are announced to you. Your signature on the Report of Investigation is required for you to participate in an activity.

Please read the Report of Investigation well prior to signing it. It is necessary to fill out all items of the Report of Investigation to participate in an activity. The Report of Investigation has some questions concerning your diseases. If you are a minor, a signature by a person in parental authority or guardian is necessary. An activity is an exciting sport, but is simultaneously hard. Insofar as true and correct techniques are used, an activity is a relatively safe sport.

However, dangers increase when it fails to comply with safe procedure. You MUST NOT downplay Physical condition to enjoy an activity safely. An activity is a very dangerous activity depending on physical condition at that time. It is very important that a respiratory system and a cardiovascular system are healthy, and all internal space do not have abnormality and is healthy. A person who catches cold now, has a coronary cardiac illness, is congested, is under epilepsy and severe medical trouble, is alcohol or drugs dependency with a tendency and is under the influence of alcohol or drugs MUST NOT participate in an activity. Also, a person with asthma, a cardiac illness and other chronic medical condition, and a person receiving medication regularly now, please take counsel with a doctor and an instructor regularly before and after participation in an activity. Furthermore, you MUST learn from an instructor in Program with respect to the required technique and instructions in an activity. Using in the wrong way of equipment and your wrong action MUST give you and others serious obstacle and losses. You MUST observe and comply with the direction and designation of the instructor even if hell freezes over.

If you have any questions, please examine this Report of Investigation with an instructor once again before signing.

Questionnaire concerning diseases

The purpose of this questionnaire is to find out if you should be examined by a doctor before participating in an activity. It is not meant that there is no qualification to make an activity because you answer each following question Yes. It is meant that there is a preexisting condition that WOULD affect your safety while an activity and you MUST seek the advice of your physician before participating in an activity. Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, please answer YES to ensure safety. In the case of YES, you MUST take counsel with a physician before participating in an activity. In the case of YES, please put a checkmark (✓) in the box (□).

- I am pregnant now or am attempting to become pregnant.
- I take a medicine by the prescription now (a contraceptive, a malaria-prevention pill are excluded).
- I have full dentures now.

Did you suffer from the following diseases or do you suffer from the following diseases now?

- A stridor is or was caused at the time of asthma or at the time of the breathing or exercise.
- An intense or frequent attack of hay fever or allergic symptom is caused.
- I suffer from a cold, sinusitis or bronchitis well.
- I suffer or suffered from some kind of disease of lung (such as pneumonia).
- I suffer or suffered from pneumothorax.
- I suffer or suffered from other disease of lung. Or I have been operated on for lung (breast).
- I have or had a problem of behavior, or mental or psychological problem (such as panic attack, claustrophobia, agoraphobia).
- Epilepsy, an attack, or convulsions are caused or I take a medicine to suppress it.
- A complex type migraine headache is caused repeatedly or I take a medicine to suppress it.
- I have experienced loss of consciousness or fainted. (I completely or temporarily lose consciousness).
- Treatment is necessary for dysentery or dehydration.

- I have any diving disorder or decompression disorder, or had these disorders.
- I cannot carry out a moderate activity (e.g., I cannot walk the distance of approximately 1.6 kilometer within 12 minutes).
- I have suffered harm of the head which lost consciousness in the past five years.
- Low back pain is caused repeatedly.
- I have been operated on for the hips or backbone.
- I have or had diabetes.
- I have an aftereffects of surgery of a waist, an arm, a leg, a wound and bone fracture.
- I take or took a medicine which controlled the blood pressure including, but not limited to, high blood pressure symptom or the hypotensive drug.
- I have or had a cardiac disease problem.
- A heart attack is or was caused.
- I have been operated on for Angina or heart or an artery.
- I have been operated on for paranasal sinus.
- I have a disease of ear or have been operated on for ear. I have an impairment of hearing or an equilibrium sense obstacle.
- I experience or had experienced a disease of ear repeatedly.
- I have or had bleeding or other blood disability.
- I suffer or had suffered from hernia.
- I have been operated on for the artificial anus of large intestine and the ileum.
- I have used drug for amusement or treatment or have become alcoholism in the past five years.

- I have a medical history or health problems not to correspond to the items mentioned above.** (Please write a medical history and symptom.)

[Signature] _____



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 Motobu Genkimura 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)

Hotel name _____.

A participant name _____.

Date of birth

Year _____ Month _____ Day _____

Age _____

Address

〒 _____

Phone number _____

Emergency contact number _____