



Release of Liability  
OIST Clubs

1. The undersigned hereby agrees that in consideration of OIST allowing the undersigned to use OIST facilities and/or to participate in a club sponsored program, he/she does for himself/herself and his/her heirs, executors, administrators and assigns hereby release, waive, and forever discharge OIST, its Board of Governors and its officers, agents and employees, from any and all liability, claims, demands, actions, or causes of actions arising out of or related to any injury or illness, including death, that may be sustained by the undersigned, or loss or damage to any property belonging to the undersigned, whether caused by the negligence of Releases, or otherwise, while using OIST facilities and/or participating in a club sponsored program.
2. The undersigned further hereby agrees to indemnify and hold harmless the Releases from any loss, liability, damage, or costs, including court costs and attorneys' fees, that he/she may incur as a result of using OIST facilities and/or participating in a club sponsored program.
3. The undersigned hereby voluntarily assumes full responsibility for any risk of person al injury or illness, including death, that may be sustained by him/her, or any risk of loss or damage to property owned by him/her, as a result of or in any way arising out of his/her use of OIST facilities and/or participation in a club sponsored program.
4. The undersigned hereby acknowledges that he/she is solely responsible for any medical or other costs arising out of any bodily injury, illness, or property damage sustained by him/her as a result of or arising out of his/her use of OIST facilities and/or participation in a club sponsored program.
5. Notwithstanding anything in this Release of Liability to the contrary, 1 to 4, above shall not apply in case of Releasee's gross negligence or willful misconduct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# Emergency information

<i>Participant name:</i>	
<i>Relevant health conditions:</i> <i>(e.g. allergies to medication)</i>	

## Emergency contact in Okinawa (e.g. housemate, friend, colleague)

<i>Name:</i>	
<i>Relationship:</i>	
<i>Phone number:</i> <i>(including international code)</i>	

## Next of kin (if different from above)

<i>Name:</i>	
<i>Relationship:</i>	
<i>Country:</i>	
<i>Phone number:</i> <i>(including international code)</i>	

*Date:*