We protect your privacy and handle all personal information in accordance with applicable data protection laws.

Miyagi Marine Ishigaki Island Activity Application Form

| ①Name | Blood Type | Date of Birth | Age () |
|--|--|---|------------------------------|
| Address | | | |
| Email address | Eme | ergency Contact | |
| ②Name | Blood Type | Date of Birth | Age (|
| Address | | | |
| Email address | Eme | ergency Contact | |
| (First time · 2-4 · May we use the photos (Yes · Only if m · Which activity are you | you done similar water activition times • 5-9 times • 10 s taken today for our social med y face isn't shown • No) | 0+ times) lia and website? | choice |
| | Medical Qu | estionnaire (Snorkeling parti | cipants only) |
| Please check (○) any th • Do you have any breat • Are you currently takin • Are you receiving me • Do you currently have | thing or lung problems? | For) on? (Condition) |) |
| | Liability Waive | er and Agreement | |
| I am in good hea I will always follo I will not partici affects my judgm I agree not to pu any accidents du I agree to pay an Snorkeling gear Fishing gear: Li | nvolved in this water activity are lth and physically able to participle all safety instructions from the pate if I am tired, haven't slephent. Irsue any legal action or claim aring the course. | nd agree with the following: ipate safely. he captain and crew. he well, have been drinking, or a many compensation from the captaloss of equipment caused by my brkel, fins & life jacket) ¥5,000 rod & reel ¥10,000 | ain or staff in the event of |
| | Signature ₁ | 2 | |
| Staff Use Only 日付 | 担当 コース | | 現地・カード |