

記入例



Ref: TK/PTD/90 Jld.02

INDEMNITY FORM

登山中に事故や怪我、死亡した場合に管理事務所であるサバ・パークスに責任を問うことはなく、自己責任で登山しますという内容です。

Date: DD/MMM/YYYY (日付)

I (name) YAMADA TARO (姓名) I.C./Passport No. TZ1234567 (パスポート番号)

have been warned of the danger in carrying out the following activities and will not claim any damages from the **SABAH PARKS** in the event of accident, injury or death which arise prior to during and after my participation in these activities.

Climbing Mt. Kinabalu

I hereby indemnify the **SABAH PARKS** and waived against all claims that may arise in consequence of the above activities.

Signature: 署名 Telephone Number: 電話番号 (自宅あるいは携帯)

Person to be contact in case of emergency: 緊急連絡先 (ご家族など)

Name : YAMADA HANAKO (ご家族など緊急連絡先となる方のお名前)

Relations : Mother (ご本人との関係)

Address : XXX-X-X YAMADA CHO, TOKYO-TO, JAPAN(緊急連絡先となる方のご住所 英文にて)

E-Mail : xxxx@gmail.com (緊急連絡先となる方のメールアドレス)

Tel . No : +81-3-1111-XXXX (緊急連絡先となる方の電話番号)

FOR SABAH PARKS OFFICE'S USE ONLY

Permission given by:

Witness:

Park officer : _____

Name : _____

Signature : _____

Signature : _____

Date : _____

Date : _____

Comment:

Release and Assumption of Risk

Participant Medical Information Form

Trekking on high altitude , rock-climbing and related activities which include (but are not limited to) ascending fixed ropes and abseiling can be physically demanding activities. We do not want you to engage in an activity that would be detrimental to your health or which would be opposed by your doctor because of recent illness , injury , surgery , etc.

How would you describe your health? Good health condition (健康状態についての記載)

Answer the following questions (write "Yes" or "No")

Is there a history of / have you ever had

過去に以下の病気や症状があったかお答えください。該当するものがある場合はYES、ない場合はNO

NO YES

胸痛、冠状動脈の疾患、高血圧

▪ Chest Pain, Coronary Problems, High Blood Pressure.....

肺の問題 (喘息、気管支炎、結核など)

▪ Lung Problems (Asthma, Bronchitis, Tuberculosis etc)

頭の損傷、発作、てんかん、失神、めまい

▪ Head Injury, Fits, Epilepsy, Fainting Attacks, Migraine

背中や首の問題

▪ Back / Neck Problems.....

脱臼

▪ Dislocations.....

糖尿病

▪ Diabetes.....

視力・聴力の問題

▪ Eye (Vision) / Ear (Deafness) Problems.....

神経の病気

▪ Nervous illness.....

関節炎、骨や関節の損傷

▪ Arthritis , Bone or Joint injury.....

3年以内の手術の有無

▪ Surgery within the last 3 years.....

アレルギー薬や食物

▪ Allergies (Drugs, Food etc).....

日常的に薬が必要か

▪ Routine Medication Needs.....

If "Yes" to any of above, please specify:

上記に当てはまるものがある場合は下記に詳細を記載してください

Covid-19 Risk Status コロナ感染のリスクについて

NO YES

感染している可能性は低いか、症状は無いか

▪ Low Risk , No Symptom

ワクチンは打っているか

▪ Covid-19 Vaccination Status

(Fully Vaccinated)

ワクチン接種証明のデータを所持しているか

▪ Digital Certificate