

# Travel Hokkaido Parental Consent Form

Where a young person is under 20 at the time of travel, because of Japanese law, we need to ensure that the following consent form is signed and a scanned copy returned to us.

Parent/Guardian's Name..... Emergency Contact Number.....

Child's Name..... Child's D.o.B. ....

Address.....

Does your child suffer from any medical conditions/allergies that Travel Hokkaido should be aware of (including any current medication?) .....

Please provide details of medication that must be administered: .....

## CONSENT (please read carefully)

- a) I agree to my child taking part in all parts of the Travel Hokkaido programme.
- b) I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed above.
- c) I have an adequate travel insurance policy to cover my child's travel and participation in the programme or will have by the time of travel.
- d) I consent to my child taking part in programme activities, including adventure activities, such as water sports, camping, and outdoor activities. I believe my child is fit and able to take part in the programme.
- e) I consent to my child travelling under the supervision of a member of Travel Hokkaido staff using any form of public transport, car or bus.
- f) I understand that Travel Hokkaido accept no responsibility for loss, damage or injury caused by or during attendance on any of the organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the organisation.
- g) I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize Travel Hokkaido staff to call a hospital and organize medical services in the event that my child is injured or becomes ill. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray exams, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that Travel Hokkaido will not be responsible for medical expenses incurred solely on the basis of this authorisation. I further agree to notify Travel Hokkaido in writing of any health changes that would restrict my youth's participation in any normal youth activities.

Signed ..... (Parent/Guardian)

Date.....



live wild  
TRAVEL HOKKAIDO

Japan Tourism Agency License No. 2-749 (Hokkaido Prefecture)  
Member of the All Nippon Travel Agents Association and the Adventure Travel Trade Association