**PRI Field Trip**

**Consent Form and Indemnity Agreement**

Type of Event: Field Trip 2023 to Fukushima

Dates of Event: November 17 through 19, 2023

Student/Participant Name: Date of Birth (MM/DD/YY):

Current Postal Mailing Address:

Student E-Mail Address (not mobile-based):

ICU Advisor: Student ID:

Advisor's E-Mail Address: Phone:

Parent/Guardian Name:

Family First

Home Address:

Home Phone: Other Phone:

E-Mail Address:

I would like to participate in the above named event, on my own recognizance, and I warrant that I am in good health. In consideration of my own participation, I, to the fullest extent possible permitted by law, covenant not to sue and agree to indemnify and hold harmless International Christian University and Peace Research Institute from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of my participation in the above event and my use of facilities, equipment, or services in association with the event.

In the event of a medical emergency, I give permission to transport myself to a hospital for medical treatment. I wish to be advised prior to any further treatment by a physician or other health profession. In the event of any emergency and if you are unable to reach my parents/guardians at the number above, you can contact the following person\*:

\*Person to contact if my parent/guardians cannot be reached:

Name: Relationship to Participant:

Landline: Cell:

I will make sure that I will abide by the rules and regulations set by International Christian University during the above event or throughout the duration of the project till February 2024 (including an agreed-upon post-event activity).

By my signature below, I hereby agree to and fully understand all of the above issues or conditions, and to accept full responsibility as outlined above.

(Signature) Today’s date