



ACTIVITY HEALTH REPORT OF INVESTIGATION

(Please read carefully before signing)

The ACTIVITY HEALTH REPORT OF INVESTIGATION (hereinafter referred to as the Report of Investigation) is a statement in which you are informed of some potential risks involved in an Activity and is intended to confirm that the risks are announced to you. Your signature on the Report of Investigation is required for you to participate in an activity.

Please read the Report of Investigation well prior to signing it. It is necessary to fill out all items of the Report of Investigation to participate in an activity. The Report of Investigation has some questions concerning your diseases. If you are a minor, a signature by a person in parental authority or guardian is necessary. An activity is an exciting sport, but is simultaneously hard. Insofar as true and correct techniques are used, an activity is a relatively safe sport.

However, dangers increase when it fails to comply with safe procedure. You MUST NOT downplay Physical condition to enjoy an activity safely. An activity is a very dangerous activity depending on physical condition at that time. It is very important that a respiratory system and a cardiovascular system are healthy, and all internal space do not have abnormality and is healthy. A person who catches cold now, has a coronary cardiac illness, is congested, is under epilepsy and severe medical trouble, is alcohol or drugs dependency with a tendency and is under the influence of alcohol or drugs MUST NOT participate in an activity. Also, a person with asthma, a cardiac illness and other chronic medical condition, and a person receiving medication regularly now, please take counsel with a doctor and an instructor regularly before and after participation in an activity. Furthermore, you MUST learn from an instructor in Program with respect to the required technique and instructions in an activity. Using in the wrong way of equipment and your wrong action MUST give you and others serious obstacle and losses. You MUST observe and comply with the direction and designation of the instructor even if hell freezes over.

If you have any questions, please examine this Report of Investigation with an instructor once again before signing.

Questionnaire concerning diseases

The purpose of this questionnaire is to find out if you should be examined by a doctor before participating in an activity. It is not meant that there is no qualification to make an activity because you answer each following question Yes. It is meant that there is a preexisting condition that WOULD affect your safety while an activity and you MUST seek the advice of your physician before participating in an activity. Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, please answer YES to ensure safety. In the case of YES, you MUST take counsel with a physician before participating in an activity. In the case of YES, please put a checkmark (✓) in the box (□).

- I am pregnant now or am attempting to become pregnant.
- I take a medicine by the prescription now (a contraceptive, a malaria-prevention pill are excluded).
- I have full dentures now.

Did you suffer from the following diseases or do you suffer from the following diseases now?

- A stridor is or was caused at the time of asthma or at the time of the breathing or exercise.
- An intense or frequent attack of hay fever or allergic symptom is caused.
- I suffer from a cold, sinusitis or bronchitis well.
- I suffer or suffered from some kind of disease of lung (such as pneumonia).
- I suffer or suffered from pneumothorax.
- I suffer or suffered from other disease of lung. Or I have been operated on for lung (breast).
- I have or had a problem of behavior, or mental or psychological problem (such as panic attack, claustrophobia, agoraphobia).
- Epilepsy, an attack, or convulsions are caused or I take a medicine to suppress it.
- A complex type migraine headache is caused repeatedly or I take a medicine to suppress it.
- I have experienced loss of consciousness or fainted. (I completely or temporarily lose consciousness).
- Treatment is necessary for dysentery or dehydration.

- I have any diving disorder or decompression disorder, or had these disorders.
- I cannot carry out a moderate activity (e.g., I cannot walk the distance of approximately 1.6 kilometer within 12 minutes).
- I have suffered harm of the head which lost consciousness in the past five years.
- Low back pain is caused repeatedly.
- I have been operated on for the hips or backbone.
- I have or had diabetes.
- I have an aftereffects of surgery of a waist, an arm, a leg, a wound and bone fracture.
- I take or took a medicine which controlled the blood pressure including, but not limited to, high blood pressure symptom or the hypotensive drug.
- I have or had a cardiac disease problem.
- A heart attack is or was caused.
- I have been operated on for Angina or heart or an artery.
- I have been operated on for paranasal sinus.
- I have a disease of ear or have been operated on for ear. I have an impairment of hearing or an equilibrium sense obstacle.
- I experience or had experienced a disease of ear repeatedly.
- I have or had bleeding or other blood disability.
- I suffer or had suffered from hernia.
- I have been operated on for the artificial anus of large intestine and the ileum.
- I have used drug for amusement or treatment or have become alcoholism in the past five years.

- I have a medical history or health problems not to correspond to the items mentioned above. (Please write a medical history and symptom.)

[Signature] _____