

Parental Consent Agreement

Month _____ Day ____ Year _____

As **parent or legal guardian** of the below **tour participant**, I give my consent for the tour participant to attend this tour. I understand that *Shikinotabi LLC* is not liable nor has responsibility for the tour participant beyond the liabilities and responsibilities detailed in the terms and conditions of his/her tour. I also agree to the following:

1. If the tour participant has a chronic illness, *Shikinotabi LLC* reserves the right to cancel his or her application at any time.
2. If during the tour the tour participant becomes injured or ill, *Shikinotabi LLC* will assume no responsibility for that injury or illness.
3. If during the tour the tour participant harms other tour participants, tour staff, or guides or representatives of other locations visited, *Shikinotabi LLC* will assume no responsibility nor be liable or accountable for the consequences of those actions.
4. As parent or legal guardian of the below sign tour attendee, I have read and understood the rules and terms of this tour in their entirety, and will not attempt to change or interfere with the scheduled tour itinerary.

Tour Departure Day Month _____ Day ____ Year _____

Tour Name/Reservation Number _____

Tour Participant

Name _____ Signature _____

Address _____

Parent or Legal Guardian

Name _____ Signature _____

Emergency Contact Number _____

Address _____

✓ **Please fill out this agreement in its entirety and promptly send it to us by fax or email**

Fax **+81-3-5203-1505** / Email **info@shiki-tabi.co.jp**