

Please fill in the form below beforehand and bring it to the Meeting Place
Tent Sauna Agreement and Health Declaration Form

Before participation in the Tent Sauna experience, please check the following stipulations and complete the form.

1. I am aware of the potential dangers associated with participating in activities in the natural environment in Tent Sauna.
I agree to abide by all instructions given to me by the guide and program organisers and adhere to the guidelines set forth. I also forfeit any right to claim and release from liability Rusutsu Resort, all program organisers, their staff and any associated third parties, in the event of an accident which may be over heat shock, burn or poisoning of carbon monoxide that results in physical or mental injury.
2. I recognize that if I do not take the appropriate tent sauna bathing method, it may cause heat shock or other serious physical ailments, and I participate in the experience after managing my physical condition at my own risk.
3. I am aware that there is no special medical facility or hospital for special medical care within Rusutsu village. In the event of a serious accident, I authorise any personnel working at Rusutsu Resort or its affiliate organisations and companies to administer first aid and to call on my behalf for medical care or to transport me to a proper medical facility or hospital if, in the opinion of such personnel, medical attention is required.
4. Please accurately answer the following questions to the best of your knowledge about your current health condition:
 ● Regarding your current health condition I declare that I meet the following requirements:
 - ① Have not consumed alcohol less than 6 hours before participation in this activity.
 - ② Are in good physical condition, do not suffer from anxiety and have had sufficient sleep.
 - ③ Free from any Circulatory or Respiratory organ disease.
 - ④ With the exception of 3 are free from any disease or injury that requires admittance to hospital on a regular basis.
 - ⑤ Do not need any special care or assistance
 - ⑥ Are not pregnant
 - ⑦ In addition to the above mentioned, you have no health issues or concerns.

Name:		Gender:	Male • Female
Date of Birth:	year/month/day		(Age)
Physical Condition Check:	Agree with all items (Yes / No) If “No”, what number:		

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Date of Birth:	year/month/day		(Age)
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Name:		Gender:	Male • Female
Date of Birth:	year/month/day		(Age)
Physical Condition Check:	Agree with all items (Yes / No) If “No”, what number:		

*We strongly confirm you that by the following law enforcement, your personnel information cannot be provided or disclosed any third parties.



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