

Pledge for
“The Japanese Safety Management and Japanese Culture”
Program Participation

To Dr. HAMANA Atsushi, President of Kansai University of International Studies

I, as a participant in “The Japanese Safety Management and Japanese Culture” Program, pledge to concentrate on my training to the best of my abilities and fully understand and agree to the terms and conditions as indicated below (here after Kansai University of International Studies is referred to as "KUISs.")

If I violate the pledge, I will not object if KUISs does not provide the necessary support and I may be subject to deportation.

- A) I understand that KUISs may determine to postpone/cancel the program or require me to return to my home country according to the security conditions in Japan. I will act promptly in accordance to instructions given by KUISs in such cases.
- B) I understand that I am responsible for confirming and completing all procedures required to participate in the program (processing all forms required by KUISs, obtaining a passport, arranging for travel etc.) on my own.
- C) I agree to be solely responsible for any payments that are required to participate in the program.
- D) I agree to enroll in traveler's insurance to participate in the program.
- E) I agree to comply with the laws and regulations of Japan, and KUISs. I will also follow the guidance of members and advisors at KUISs and respect the standards of decency in Japan.
- F) I understand that I will not lodge any complaints against or implicate KUISs for any losses and/or damages caused by accidents, diseases, crimes, etc. that may occur while participating in the program.

- G) I agree to take full responsibility for any damages, both intentional and/or through negligence, to KUISs and others while abroad.
- H) I agree to take full responsibility for arranging any traveler's insurance, flights, and accommodations if staying overseas before or after the program for other purposes. I understand that I will not lodge any complaint against or implicate KUISs for any losses and/or damages caused by accidents, diseases, crimes, etc. that may occur during this time.

Home Institution_____

Student ID Number_____

Student Name_____

Student Signature_____

Date (Year) (Month) (Day)_____

I, as the guarantor of the aforementioned student, take full responsibility that he or she will strictly abide the terms and conditions stated above.

(To be completed by the applicant's academic advisor or coordinator.)

Guarantor's Name_____

Guarantor's Title_____

Guarantor's Signature_____

Date (Year) (Month) (Day)_____