

Kanazawa University Study Abroad Programs Participation Pledge

To: Vice President, Kanazawa University

As I intend to participate in a Kanazawa University Study Abroad Program (“KU Program”), I do solemnly swear that I will adhere to the conditions described as follows.

I hereby agree that, in the event that I should breach any condition of this pledge, I will raise no objection should the University decide to disqualify me from participation in the KU Program or to discontinue its support to me in relation to the KU Program.

1. I understand the costs necessary for participating in the KU Program and will pay the specified amount by the deadline designated by the University.
2. I have obtained my guarantor’s consent regarding my participation in the KU Program.
3. I will not decline to participate in the KU Program without justifiable grounds.
4. Since I fully understand the purport of the KU Program, I am committed to diligently studying and actively joining international exchange activities at the host institution and earnestly learning at the pre-departure and post-return study courses. If I fail to attend (or join in the middle of, or leave early from) any pre-departure or post-return study course under the KU Program due to an unavoidable reason, I will notify the KU faculty or staff in charge of KU Program and seek their instruction in advance. I acknowledge that the University may disallow my participation in the KU Program or refuse to grant academic credits or award a scholarship to me in the event of absence, lateness, early leaving or other similar behavior for any reason other than those deemed justifiable by the University.
5. I am in a health condition that is fit for staying and studying in the destination country or region, as indicated in the attached Personal Health Declaration Form to be submitted to the University. If I have a pre-existing condition or allergy or any other physical or mental health problem, I will participate in the KU Program subject to consultation with a physician or other medical professional, and will be further subject to the following requirements.
 - (1) I must obtain an endorsement from a physician or other medical professional with regard to my participation in the KU Program on this occasion. I acknowledge that my participation in the KU Program may be rejected at the discretion of the host institution.
 - (2) I acknowledge that my participation in the KU Program may be rejected if I am affected with an infectious disease (meaning influenza, measles or any other as set forth in Article 18 of the Regulation for Enforcement of the School Health and Safety Act of Japan) or exhibit any pathological condition that is suspected to be indicative of an infectious disease at the time of departure from Japan.
 - (3) Upon request from the University or the host institution, I will provide accurate information about my pre-existing conditions, past illnesses, allergies, handicaps, or other physical or mental health conditions.
 - (4) I am fully responsible for preparing the medication necessary for maintaining my physical and mental health based on consultations with a physician or other medical professional.
 - (5) I am fully responsible for my healthcare management to avoid potential incidents or problems that may occur during the period for participating in the KU Program by reason of my pre-existing conditions, past illnesses, allergies, handicaps, or other physical or mental health conditions.
 - (6) The University will not be responsible or liable for any incidents or problems that may occur in a situation inconsistent with any of the requirements specified in items (1) to (5) above or for any costs that may be incurred in such situation, except when such incident or problem is attributable to gross negligence or willful misconduct of any faculty or staff of the University.
6. Since student safety is the University’s highest priority, the University may decide to suspend or postpone the KU Program or issue a recommendation to return to Japan, depending on public security, an outbreak or epidemic of a plague, the occurrence of a disaster, or other situation in the destination country or region. I understand the foregoing, and if such situation arises, I will promptly take action in accordance with the recommendations or orders issued by the Ministry of Foreign Affairs of Japan or its diplomatic mission in the relevant district as well as the instructions provided by the University.
7. Given that my withdrawal from the KU Program or rescheduling of the KU Program in a situation described in Paragraphs 3 to 6 above may require cancellation charges or other additional expenses and the costs for arranging my urgent embarkation, I agree that I or my guarantor shall bear and pay all those costs.
8. During my stay in the destination country or region and when traveling to and from my home, I will obtain and continue a travel insurance policy and the crisis and risk management services designated by the University (insurance coverage and related services provided by a credit card company to its cardholders as extended services are not acceptable in this context). I will also take out and maintain a specific insurance policy to be designated by the host institution, if applicable.

9. During my stay in the destination country or region and when traveling to and from my home, I will abide by all applicable laws and regulations of the country or region (including rules or restrictions on drinking, smoking, and the like), in-house rules and regulations established by the host institution, all applicable laws and regulations of Japan, and the University's various rules and regulations. In addition, I will observe instructions given by the faculty, staff and other persons in charge at the University and the host institution, exercise caution to refrain from any conduct that may possibly run counter to the public order and morality of the destination country or region, endeavor to maintain my health and secure my safety, and act and behave with responsibility and awareness as a student of the University.
10. During my stay in the destination country or region, I will not drive any motor vehicle (bicycles are acceptable).
11. I will not hold the University responsible or liable for any loss or damage that may be caused by any disaster, riot, act of terrorism, accident, epidemic, crime or other incident in or related to the destination country or region during my stay there, or when traveling to and from my home. In addition, I will not hold the University responsible or liable for any loss or damage inflicted on the host institution or third parties or other consequences of my negligence, intentional acts, violations of law, or conduct contrary to public order and morality. In the event that the University is held liable for damages in connection with any loss or damage suffered by the host institution or third parties for any reason attributable to my fault, I or my guarantor will indemnify the University against the loss or damage incurred by it, except for what is attributable to gross negligence or willful misconduct of the University's faculty and staff.
12. Given that any confidential information or other important information (including customer data and activity information) retained or controlled by the host institution or other related organizations may come to my attention in connection with experience programs, specialized training programs, internship programs or other opportunities, I will keep such information secret and never divulge such information to any third party during and after termination of the period of the KU Program.
13. For the purpose of carrying out formalities for my departure to the destination or for emergency measures, I agree that my and my guarantor's personal information which was reported to the University may be shared by the University, the host institution, insurance companies, the crisis management companies designated by the University, relevant governmental authorities, and Japanese diplomatic offices at the destination.
14. In connection with my travel and stay in the destination country or region for the KU Program, I will comply with the Overseas Travel Procedures (Sections 1 to 5) prescribed by the University. (cf. "International Exchange" on the Kanazawa University's website at <https://www.kanazawa-u.ac.jp/global-network/studyabroad/risk-management/for-student-en/>)
15. After I return to Japan, I will cooperate if the University asks me to permit posting of the photographs taken by me in connection with the KU Program in the University's printed materials or to write a narrative essay or present my experience in the KU Program.

Name of the KU Program: _____

The Undersigned

Date of Signature: _____ (mm dd, yyyy)

Name of the Student (signature): _____

Affiliation: _____

Student ID Number: _____

Guarantor

I have agreed to the foregoing and I guarantee that the student who is the undersigned will adhere to the conditions described above.

Date of Signature: _____ (mm dd, yyyy)

Name of the Guarantor (signature): _____

Relationship with the Undersigned: _____

Home Address: _____

Phone Number: (Home) _____ (Mobile) _____

E-mail Address: _____

Personal Health Declaration Form (For Kanazawa University Students)

Please check (√)the boxes that correspond to you and fill in the blanks in parentheses where applicable.

1. Do you currently have, or have you ever had, any of the following illnesses?

- None Tuberculosis Measles Rubella
- Hepatitis Cardiac disease Respiratory disease Kidney disease
- Liver or other digestive disease Metabolic or endocrine disease
- Nerve disorder Mental disorder Blood disorder (e.g., anemia)
- Drug allergy (Drug types: _____)
- Food allergy (Food types: _____)
- Other (Illness name: _____)

2. Have you ever been hospitalized for a period of seven consecutive days or longer?

- No Yes (Illness name: _____)

3. Have you ever experienced an epileptic or convulsive seizure?

- No Yes (Illness name: _____)

4. Did you have any health problems in the last 14 days?

- None Loss of appetite Sleeplessness Onset of fever
- Nausea or vomiting Headache Dizziness Coughing
- Rash Stomachache Diarrhea Insect or animal bite
- Other health concern (_____)

5. Are you currently under medical treatment?

- No Yes (Illness name: _____)

6. Do you currently take any medication? Note: Including OTC drugs

- No Yes (Drug name: _____)

7. Do you have any other problem related to your health? If yes, please explain medical care or other arrangements that you may need during your stay outside of Japan.

- No
- Yes (_____)

_____ (mm dd, yyyy)

Name: _____

Affiliation, Grade (academic year): _____