

\* Please print out this Declaration form, sign, scan to PDF and submit electronically.

## Declaration of Participant

To Japan Science and Technology Agency (JST):

I declare that I understand the purpose and contents of the Sakura Science Exchange Program (SSP). I will follow the directions of the SSP staff for the duration of the program. I guarantee that I have no health or other problems that would hinder my participation in SSP. If I am infected by a virus, or if I fear that I may be infected by a virus, I will give up my place in the program. I guarantee that the information on the Registration Form is true to the best of my knowledge. I give permission to JST to use the personal information for the necessary document applications and communication purposes including the enrolment in the Sakura Science Club (alumni association) and to use any videos, photographs, compositions, surveys, etc. of/by the participant promotional purposes of SSP and JST.

As the supervisor to the delegation, I declare that I will be responsible to all students participating in the program, to supervise them, and to take care of all their safety and health under my control during the program. I will, without fail, contact the guardian/parent and/or other persons involved in case a participant is injured, falls ill, or is involved in some other trouble.

## Statement of Confirmation

I, the undersigned, agree to the following terms and conditions described below as a participant in the Sakura Science Exchange Program (SSP) operated by Japan Science and Technology Agency (JST).

1. As a participant in SSP, I will obey the regulations, rules, and directions of JST, and I will take responsibility for and be very careful of my personal safety and health. I agree to participate in all the SSP programs designated by JST and not to deviate from any of them.
2. As a participant in SSP, I will take care not to inconvenience other visitors while on visits to related facilities and venues.
3. As a participant in SSP, I agree to indemnify, defend and hold JST from against any and all claims, demands, liabilities for injury or illness, or for loss or damages to any property due to accident, theft, crime or any other reason.
4. I fully understand that my participation in SSP is dependent upon my pledge to uphold this statement of confirmation.
5. I agree that all personal expenses incurred during the program will be paid by myself and that I DO NOT expect a daily allowance to be provided by JST.

I understand the contents of the above statement.

Tick (✓) this box.

Print Name of participant in English alphabet \_\_\_\_\_

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

## THE ROLE OF SUPERVISORS

### **Student's safety should be your first priority.**

#### 1. SAFETY AND HEALTH MANAGEMENT FOR PARTICIPATING STUDENTS

All the supervisors should be responsible for securing the students' safety from departure to return to their home country/region. For the effective and smooth operation of the exchange program, the supervisors are expected to cooperate with each other, taking care of all the students of their country/region collectively.

(1) Supervisors are expected to carry out the following tasks to safeguard each participating student's health and safety during the program:

- 1) Keep a close watch on students for any health (physical and mental) signs and/or symptoms such as a high fever, loss of appetite, or lethargy;
- 2) Carry out a roll call of students in the group before moving to a new location or board the bus;
- 3) Read the "SSHP booklet" carefully, and carry it with them during the program to ensure access to contact numbers and other important information in case of an emergency;
- 4) Cooperate with staff members of a JST-contracted program organizer to stay up-to-date with the latest information, including any small changes of itinerary or agenda during the program;
- 5) When necessary, ask the students about any food allergies or restrictions in advance.

(2) In case when one of the supervisors in a group cannot fulfill the responsibilities as a supervisor due to unavoidable circumstances like illness, JST will request the other supervisor to take care of the whole group of students.

#### 2. EMERGENCY RESPONSE

If a participant is faced with an emergency, whether it is an illness, injury, accident, natural disaster, or fire during their stay in Japan, supervisors will be the first persons he/she contacts. If they receive an emergency call, please contact staff members of JST-contracted program organizer or JST personnel for further instructions.

#### 3. WHEN YOUR STUDENT FALLS ILL

(1) In response to illness

Supervisors may be requested to accompany a student to the hospital when he/she falls ill or gets injured and stay with the student based on doctor's advice, deviating from the scheduled itinerary.

(2) Possible Extended Stay

JST may request that the supervisor extend his/her stay to accompany the student based on the doctor's request/advice of postponed departure.

In case of extended stay (or when this arises), JST takes care of the expenses during the extended stay (accommodation, meals, local transportation, extended travel insurance, etc.) and rearranges a return flight.

**4. WHEN YOU HAVE A PROBLEM WITH TRANSPORTATION BEFORE ARRIVAL IN JAPAN**

In case of no-show, last minute cancellation, and missed (connecting) flight, supervisors are expected to carry out the following actions:

Please send text in English to the e-mail addresses separately provided by JST

- 1) if last minute cancellation and/or “no show” happens
- 2) if the flight changes from the original flight for any reasons (e.g. missing a connecting flight) on the inbound journey to Japan.

I have read the above and understand the role of supervisors.

Tick (✓) this box.

Print Name of participant in English alphabet \_\_\_\_\_

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Attestation**

I, the undersigned, certify that the supervisor successfully nominated above has been duly selected based on his/her abilities and experiences, and guarantee that he/she is able to fulfill the requested role to help implement the exchange program in an effective manner.

Print Name of Attester in English alphabet \_\_\_\_\_

Title / Organization \_\_\_\_\_

Signature of Attester \_\_\_\_\_ Date \_\_\_\_\_