



DECLARACIÓN DE CONSENTIMIENTO INFORMADO
AUTORIZACIÓN DE TOMA DE REGISTRO Y DIFUSIÓN DE IMÁGENES
AUDIOVISUALES

Fecha: _____ 2022. Lugar: _____

YO, _____, mayor de edad identificado (a) con cédula de ciudadanía No. _____ de _____, en uso de mis plenas facultades consiento la participación de mi hijo(a) _____ con tarjeta de identidad No. _____, y declaro que entiendo el propósito y contenidos del Programa Sakura para Educación Media

Autorizo a las entidades de los gobiernos de COLOMBIA y JAPÓN que ejecutan el proceso de intercambio de ciencia Sakura, el registro y difusión de la imagen, y voz de mi hijo(a) en material audiovisual y escrito que resulten de la participación en el Programa Sakura. Esta autorización la otorgo con carácter gratuito, y entiendo que no recibiré ningún tipo de compensación, bonificación o pago de ninguna naturaleza y que no existe ninguna expectativa sobre los eventuales efectos económicos de la divulgación, o sobre el tipo de campaña promocional o publicitaria que pueda realizarse.

El presente documento otorga derechos no exclusivos de uso, sin costo alguno y a perpetuidad para la distribución nacional e internacional del material señalado, a través de todas las formas y medios de comunicación.

OTORGANTE:

Firma del padre de familia que autoriza
CC. N°:
Teléfono:

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

Declaration of Guardian/Parent and Participant

To Japan Science and Technology Agency (JST):

For Guardian/Parent

I declare that having understood the purpose and contents of the Sakura Science Exchange Program (SSP) and ascertaining that the participant has no health or other problems that would hinder his/her participation, I give permission for participation in this program. I guarantee that the information on the Registration Form is true to the best of my knowledge. I also give permission to JST to use the personal information of the guardian and participant for the necessary document applications and for communication purposes.

Additionally, I give permission to JST to use the personal information of the participant which is being used for enrollment in the Sakura Science Club (alumni association) and to use any videos, photographs, compositions, surveys, etc. of/by the participant for promotional purposes of SSP and JST.

For Participant

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. If I am infected by a virus, or if I fear that I may be infected by a virus, or if I have been confirmed to be pregnant (only for women) before the program, I will give up my place in the program. I give my permission for JST to use my personal information for the necessary document applications and communication purposes including enrolment in the Sakura Science Club (alumni association) and to use any videos, photographs, compositions, surveys, etc. of/by the participant for promotional purposes of SSP and JST.

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 the 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 and my guardians/parents 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 and my guardians/parents understand the contents of the above statement.

Tick (✓) this box.

Print Name of guardian/parent
in English alphabet _____

Signature of guardian/parent _____

Date _____

Print Name of participant
in English alphabet _____

Signature of participant _____

Date _____