

* 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 _____

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 _____