

## **Participation Terms**

I hereby apply for the "HOSEI Short-term Scholarship Program for High School Students" (here in after referred to as "the program") according to the following terms:

1. I declare that my application documents do not contain any falsified information, and I understand that University may change or cancel my participation if any falsified information has been given.
2. I understand that documents submitted for this application are the property of the HOSEI University and will not be returned to me.
3. I give permission for use of my digital image, photograph, and/or comments about the program in university publications and websites coordinated by the university.
4. I will not hold HOSEI University responsible, monetarily or otherwise, should I cause an accident or become ill by my own negligence or in circumstances that are out of HOSEI University's control.
5. I will bear sole responsibility for dealing with matters such as theft or damage of my personal items, traffic accidents, criminal cases, or other matters that may arise that are outside of HOSEI University's control.
6. If I cause any serious damage to HOSEI University, deliberately or by gross negligence, I am liable to compensate for the damages.
7. If I should violate any of the matters in these terms, HOSEI University may decide to withdraw me from the program and I will return to my home country.
8. I understand the outline and aim of the program, and I will attend all scheduled lectures and activities.
9. For the duration of the program, I will conduct myself with the awareness that I am a program participant.
10. For the duration of the program, I will follow all instructions given to me by the HOSEI University program coordinators and will not violate any public policy, law, or regulations of Japan.
11. I will abide by the rules and regulations of the residential facility.
12. Staying healthy for the duration of the program will be my own responsibility, and if I am injured or become ill during the program period, I am responsible for undergoing any medical treatment that may be required.

I hereby declare that I have read and understood all of the policy and above terms.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## **For Parent and/or Legal Guardian**

As my child's, identified above, parent or legal guardian, I support my child's decision to participate in the program. By signing below, I indicate that I have reviewed the policy and above terms with my child, and understand agree to them. I also declare that the signature written below is my own.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_