

The University of Southern Queensland



UNIVERSITY
OF SOUTHERN
QUEENSLAND

English Language / Culture Programs

STUDENT PROFILE FORM

Name of Tour: *ABC Medical Program in 2019*

	Family Name	First Name	Nickname /English Name	Sex
Name				

Home Address	
Telephone	
Email Address	
Occupation	

Date of Birth	<table border="1"> <tr> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table>	/	/	/	Day	Month	Year	Age	Photo
/	/	/							
Day	Month	Year							
Interests/Hobbies									
Sports									
Medical Conditions									
Allergies									
Special Diet									
Do you smoke?									
Previous Trips Abroad									
Your room mate									
		Date:							

Your Family Information	Name	Age	Relationship	Occupation

Food Animals	Like	Dislike

English level	Beginner	Lower Intermediate	Intermediate	Advanced

Homestay Guidelines

1. Electricity, water, and gas bills are included in the homestay fee.
2. The student should prepare breakfast with ingredients supplied by the host.
3. The student must pay for his or her own telephone calls. We recommend the use of a phone card.
4. Smoking is only allowed outside the homestay house.

TERM & CONDITIONS (規定及び条件)

1. I agree to waive and release all claims against the University of Southern Queensland=(A) and its appointed agents=(B) for any injury, loss, damage, accidents, delay, or expense resulting from any participation in the program. I also release (A) and (B) and agree to indemnify (A) and (B) with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of others that I may cause while participating in the program. I understand that (A) and (B) are not responsible for any injury or loss suffered by me during periods of independent travel absence from the program.

2. If I become ill, injured or incapacitated, (A),(B) or the Host family may take such action as any of these considers necessary, including securing medical treatment for me and transporting me back to my country at my expense. I release them from all liability related to such actions.

3. I understand that my participation in the program may be terminated at the sole discretion of (A) and (B) without a refund of fees and that I may be sent home at my own expense if I do not adhere to their rules, standards and instructions. I agree that Australian law shall apply to this agreement and I agree to submit to the jurisdiction of the Australian law.

参加者への約束事項並びに同意事項です。ご理解の上ご署名お願いいたします。

<大意>

1. 参加者としてプログラム中に発生したけが、物品紛失、損害、事故、交通機関の遅延などは、南クイーンズランド大学（以下 A）と、その代理店（以下 B）の責としない。私自身の責任による傷害、事故等に関しては A 及び B に対して賠償請求はしない。
2. 病気、けが、プログラム中に避けられない事情が発生した場合、A、B、ホストファミリーが健康保持、安全の為に必要と判断を下した行為（自費による医療治療及び自費により帰国させる事などを含めて）に対して、いかなる責任を問わないことに同意する。
3. プログラムの主旨、現地の規則/法律などに反した場合、自分自身の費用により帰国させることもある旨同意する。この同意内容はオーストラリアにも適用し、オーストラリアの法律に従うことを意味する。

Signature of participant
(参加者の署名)

Date (日付) _____ / _____ / _____
day (日) / month (月) / year (年)

Signature of parent (If participant is less than 20 years old)
(保護者の署名/参加者が 20 才未満の場合のみ)

Date (日付) _____ / _____ / _____
day (日) / month (月) / year (年)

EMERGENCY INFORMATION AND AUTHORIZATION FOR TREATMENT OF A MINOR
(緊急医療処置承諾書)

Name of participant
(参加者の名前)

Signature of person in parental authority (20 才未満に関係なく、記入して下さい)
(保護者の署名)

PARENTS PERMISSION (保護者の承諾)

I hereby accept that the assigned group leader, host family member, or local coordinator may act as responsible guardian for my son / daughter and may decide on emergency medical treatment without personal liability.

私は子供が渡航中緊急医療処置が必要となった場合、引率リーダーあるいは受け入れ家庭が保護者となり引率リーダーあるいは受け入れ家庭がその個人的責任を負わされることなく処置が決定されることを承諾します。

Address (住所)

Tel (電話)