



Osaka City University
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Website <https://www.osaka-cu.ac.jp>



Socially Innovative Global Classroom (SIGLOC)

AGREEMENT

1. PARTICIPATION AGREEMENT

(Declaration)

I will prepare a suitable learning environment including Internet access, so that I can participate in the training without problems.

I will attend all programs throughout the training period, except for "uncontrollable circumstances".

Irregular participation and absenteeism are not allowed.

I will participate in given tasks and take diagnostic tests before and after the training.

Printed Name of Participant

Date

Signature (of parent or legal guardian if the participant is under the legal age in his/her country)

2. RELEASE AGREEMENT

I, the undersigned Participant, hereby grant permission to Osaka City University or its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, submitted reports and worksheets and likeness ("the recordings").

I understand that the recordings are the property of Osaka City University, and that Osaka City University may use, display, publish, broadcast, and otherwise distribute the recordings in any medium, at the full discretion of Osaka City University.

I understand that I will not be compensated in exchange for my participation in the recordings or in connection with any and all use of the recordings.

I release Osaka City University and their regents, employees, and agents from any and all liability arising out of the use of these recordings, including but not limited to any claim arising out of my right of privacy, right of publicity, libel, slander, false light, copyright violation or trademark violation.

Optional:

photograph (still picture)

- video recordings (motion picture)
- written documents

Printed Name of Participant

Date

Signature (of parent or legal guardian if the participant is under the legal age in his/her country)

3. AGREEMENT FOR CONSIDERATIONS DURING SIGLOC

I understand that I need to obtain permission to take photos or record meetings during the seminar. I will never take photos nor record videos if prohibited.

I understand that the personal information of anybody whom I made contact with during the seminar will never be disclosed without their written permission.

I understand that this Agreement is a legal contract. I have read and understand it and am signing it voluntarily.

Printed Name of Participant

Date

Signature (of parent or legal guardian if the participant is under the legal age in his/her country)