



Medical Liability Release Agreement

Effective Date _____

Between (name of student _____)

and Nagoya University of Foreign Studies Located at 470-0197 Aichi,
Nisshin, Iwasaki-cho, Takenoyama 57

I, (name) _____, acknowledge
that I will come to study at Nagoya University of Foreign Studies with the following
medical condition(s) _____

While studying at Nagoya University of Foreign Studies, I agree to take full
responsibility for any and all symptoms directly or indirectly related to the
condition(s) above, and the consequent results therefrom. Should symptoms recur or
become aggravated, I shall seek appropriate advice from a licensed medical
professional and follow this advice unless I seek a second opinion from another
licensed medical professional. I will promptly return to my home country (or
country of my home university/college) before my term of study expires if Nagoya
University of Foreign Studies staff and/or a medical professional deem(s) my
condition to be a hindrance to my studies. I shall pay any and all expenses resulting
from my condition (if not already covered by my insurance), and hereby release
Nagoya University of Foreign Studies and all of its instructors, staff, and
administrators from any responsibility for any harm or damage(s) (physical,
psychological, financial, or otherwise), which might result directly or indirectly from
my condition or resultant symptoms while in Japan.

Name _____

Signature _____

Date _____