

[Appendix 1]

Application Form					
	(Full Name) Last		First	Photo	
Name	Middle				
*Name must match					
passport	(Korean Name), if applicab	le			
				Recent Color	
Gender	□ Male □ Fema	ale		Photo (3x4cm)	
Classification	□ Overseas Korean Adoptee * If you accompany your child, please fill out the 'Form of 'Appendix 2				
Date of Birth	yy/mm/dd				
Place of Birth	(City/Town)		((Country)	
Country of Residence	Nationality		,		
	(Passport Number) (Co		(Count	untry of Issue)	
Passport Info.	(Date of Issue) (Date		of Expiry)		
	(Home Phone No.)		(Cell Phone No.)	
Contact Info.	(E-mail Address)				
	(Current Mailing Address)				
	1. Primary Contact		2.	2. Secondary Contact	
For a manage of Courts at a	(Name)		(N	(Name)	
Emergency Contacts	(Relationship)		(R	delationship)	
	(Phone No.)		(P	hone No.)	
Language Proficiency	(Native Language)		((Korean Proficiency Level)	
Language Pronciency				ı(High) □(Medium) □(Low)	



	(English Proficiency Le	evel)	
	□(High) □(Med	dium) □(Low)	
Occupation			
Name of Organization (*If you have belonged to any groups for adoptees)		Careers, Expertise Skills, etc	
Write in detail for your careers, expertise, skills incl. engagement in Korean Adoptee Networks, if any.			
Do you plan to stay in K the program? If yes, when and for how		☐Yes (When and how long?	□No ')
Dietary Requirements		Health Related Requirements *Allergies or medical conditions	
Have you ever been to K If yes, when and for wha		□Yes (When and for what du (Purpose of the visit)	□No uration?)



What motivated you to apply to this program and any expectations from the Gathering?	
Introduce yourself	
Introduce your accompanying members	



Please write
a short essay.
(e.g., "What I think of
Korean",
"Me and Korea",
"Any thoughts/
suggestions on mutual
development between
Korea and yourself?"
and etc.)
We might be able to
share it with other
participants under
your consent.
your consent.
What activities would
you like to participate
in the PG?
(Please list any
activities, cultural
events, or places of
interest in Korea) – for
reference

I hereby pledge that the above information is all true and I will abide by all the regulations of OKA

Name (Signature)



[Appendix 2] * Please download, fill out and attach this form for your accompanying person*

Application Form (for an accompanying person) (Child/Adoptive parent/Legal Spouse/Guardian/Other)					
					Photo
Self-Introduction					Recent Color
Name *Name must match	(Full Name) Last	First	Mic	ddle	Photo (3x4cm)
passport	(Korean Name), if	applicable			
Sex	☐ Male	☐ Female			
Date of Birth	yy/mm/dd				
Country of Residence			Nat	ionality	
	(Passport Number)		(Country of Issue)		
Passport Info.	(Date of Issue) (Date		(Date of Expiry)		
Contact Info.	(Home Phone No	.)		(Cell Phone No.)	
	(E-mail Address)			
Language	(Native Langua	ge)		(Korean Proficie	ncy Level) ⁄ledium) □(Low)
Proficiency	(English Proficie	ency Level)			
	□(High)	□(Medium)	□(Lo	ow)	
Dietary			Health Relate	ed Requirements	
Requirements			_	s or medical	
			con	nditions	

I hereby pledge that the above information is all true and I will abide by all the regulations of OKA.

Name	(Ci amatuma
Name	(Signature



[Appendix 3]

Documentation Release

I, the undersigned, hereby give my consent for the reproduction, use, publication, and/or exhibition by Overseas Koreans Agency (OKA) of the image or voice of the person named below, including but not limited to photographs and video recordings. I acknowledge that OKA is not responsible for any claims to damages for libel, slander, invasion of privacy, or any other claim based on use of the aforementioned materials. Neither OKA nor anyone associated with the organization has made any promise of any other compensation in relation to this release.

This release also applies to the employees, agents, licensees, successors, and assignees of OKA.

OKA may use the abovementioned materials:

- OKA website (including SNS)
- Magazines or Newsletters
- All manner of publication and media, including unrestricted use for purposes of education, exhibits, publicity, advertisement, trade, display editorials, fundraising, exhibits, and art.

Name	Name (accompanying person, if any)				
Address					
Country					
Signature	Signature (accompanying person, if any)				
Date					

^{*} This release must be signed in order to participate in OKA invitation Program



[Appendix 4]

Liability Release

In consideration of the person named below (hereinafter referred to as "I") being allowed to take part as a participant or volunteer counselor in the Invitation Program for overseas Korean adoptees, hosted by Overseas Koreans Agency (hereinafter referred to as "OKA"), the undersigned acknowledges and agrees to the following provisions of this liability release:

- 1. I understand and acknowledge that the use of facilities and equipment provided by OKA and participation in the Program involves risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis, and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of the facilities and equipment, from the activity itself, from the acts of myself/my family's or others, including OKA and its agents or from the unavailability of emergency medical care.
- 2. I assume full responsibility for all risks that may arise out of or result from my/my family's participation in the Program, including but not limited to those risks described in subsection 1, above.
- 3. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.
- 4. I acknowledge that I have read, know, and agree to all of the policies and procedures relating to my/my family's participation in the Program. I understand that the safe and proper use of all equipment, facilities or participation in activities is dependent upon carefully following these policies and procedures. I agree to comply with and abide by all OKA rules, regulations and policies. I understand that OKA reserves the right to revoke or terminate my participation in the Program for any violations of these rules, regulations and policies. In the event of such revocation or termination, I understand that I shall not be entitled to any reimburse of any costs I have paid or incurred.



- 5. I agree that OKA is further released from any claim whatsoever on account of first aid, treatment, or other emergency medical rendered to or on behalf of participant during participation in the Program. I consent to medical treatment for emergencies that occur during or are related to my/my family's participation in the Program where I am unable to consent to such treatment. I agree that this provision, however, does not obligate any Released Party to provide or arrange for any medical treatment for myself or my family. And also I agree to bear the cost of such emergency treatment and to indemnify and hold OKA harmless there from.
- 6. I acknowledge that OKA does not provide medical care insurance coverage for participant in the Program, and that I am solely responsible for arranging and paying for any such insurance coverage.
- 7. I acknowledge that OKA is hereby released of any and all lawsuits, claims, or demands for damages due to personal injury, bodily injury, sickness, death, loss of property, property damage, or any other costs or expenses incurred during the course of, as the result of, or in any way connected with participant in the Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AGREEMENT BETWEEN MYSELF AND OKF AND/OR ITS AFFILIATED ORGANIZATIONS. I SIGN THIS DOCUMENT VOLUNTARILY, OF MY FREE WILL. IN DOING SO, I AM NOT RELYING ON ANY REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS OTHER THAN THOSE WHOSE NAME APPEARS IN THE WRITING OF THIS LIABILITY RELEASE.

Name			
Address			
Signature			
Date			

^{*} This release must be signed in order to participate in the OKA invitation Program



[Appendix 5]

Personal Information Collection and Use Provision Agreement to Third Parties for Smooth Event Operation and Participant Management

In order to ensure smooth event operation and participant management, we are providing the personal information of participants to the commissioned agency.

<Collection and Usage Agreement>

Items to be collected and used	The Purpose of collection and use	Period of maintenance
	- To verify the identity of the Individual	
Name, Date of birth,	- To give notice(information) on support and events of OKF	
Nationality, Contact	- To Utilize as statistical data for service/event planning and	
information, Photo,	providing an optimized service according to the type of	
Career experiences,	the project and the country	Semi-permanent
foreign language	- To utilize as the basis for the making policy of Overseas	
proficiency,	Korean	
passport no., etc.	- To contribute to the reinforcement of Overseas Korean	
	Adoptees communities	

< Recipient of Personal Information >

We will comply with the personal information protection regulations that should be observed by personal information processors as specified in the Personal Information Protection Act of the Republic of Korea, and we will do our best to protect the rights of the subjects.

Those who wish to provide personal information to participate in the "2024 Overseas Korean Adoptees Gathering" have the right to refuse to consent to the provision of personal information to third parties for the above matters.

However, if you refuse to give consent, you may be excluded from participating in this gathering due to the impossibility of smooth event operation such as participant management.

the impossibility of smooth eve	ent operation such	as participant management.	
	□ Agree	☐ Disagree	
		Name:	(signature)



[Appendix 6]

Personal Information Collection and Usage Agreement (For an Accompanying Person)

In accordance with Article 15 \sim 22 of the PERSONAL INFORMATION PROTECTION ACT(Republic of Korea), I agree to the collection and usage of my personal information in relation to the Gathering for Overseas Korean Adoptees organized by Overseas Koreans Agency.

■ Collection and Usage Agreement

Items to be collected and used	The Purpose of collection and use	Period of maintenance
	- To verify the identity of the Individual	
Name, Date of birth,	- To give notice(information) on support and events of OKF	
Nationality, Contact	- To Utilize as statistical data for service/event planning and	
information, Photo,	providing an optimized service according to the type of	
Career experiences,	the project and the country	Semi-permanent
foreign language	- To utilize as the basis for the making policy of Overseas	
proficiency	Korean	
information, etc.	- To contribute to the reinforcement of Overseas Korean	
	Adoptees communities	

^{**} Applicants for " 2024 OKA Gathering for Overseas Korean Adoptees" have the right to reject consent for application of personal information. If so, he(she) may be excluded from the list of candidates for selection.

☐ Agree	☐ Disagree	

■ Identification Number Collection Agreement

Items to be collected and used	The Purpose of collection and use	Period of maintenance	
Passport number	Identification Purposes	By 2weeks after the program	

* Applicants for "2024 OKA Gathering for Overseas Korean Adoptees" have the right to reject consent for application of personal information. If so, he(she) may be excluded from the list of candidates for selection.				
	☐ Agree	☐ Disagree		

Name:

(signature)