



University of the Philippines Cebu

SCHOOL WAIVER FORM

Name of Student: _____

Course and Year Level: _____

Activity: _____

Location: _____

Date/s and Time: _____

Class/Organization: _____

Faculty-in-charge: _____

Signature of Faculty-in-charge: _____

- ☐ I do not allow my child to join the activity.
- ☐ I allow my child to join the activity.

I acknowledge and accept that my child's participation in this activity is entirely voluntary and all risk is voluntarily assumed by my child and me.

I understand that school rules and regulations will be in effect. I have also ensured that my child understands that it is important for her/his safety, and for the safety of the group, that all rules and instructions given by the faculty-in-charge are obeyed.

By allowing my child to join this activity, I agree to hold harmless the University of the Philippines Cebu (UP Cebu), its teachers and administrators, and the faculty-in-charge of the activity, from any expense, loss, personal injury, or liabilities which may be incurred as a result of my child's participation in this activity.

Parent's Printed Name

Parent's Signature

Date