

WAIVER

KNOW ALL MEN BY THESE PRESENTS:

I, _____, _____ years old, _____
(civil status), residing at _____
(address) and presently enrolled at _____ (school)
hereby voluntarily renounce and waive, with the conformity of my father/mother/guardian and
all claims that I may have against the Department of Social Welfare and Development and/or
its officials, arising from any cause/s that may occur in connection with my practicum
(On-the-Job Training) at the _____
(office/bureau).

The waiver takes effect only on the whole duration of the practicum, which will cover
_____ hours from _____ to _____ 2024.

IN WITNESS WHEREOF, I hereby affix my signature this _____ day of _____
2024, in Quezon City.

Student's Signature

Name and Signature of Parent/Guardian

Name and Signature of School OJT
Coordinator/Adviser

CTC. _____
Issue at _____
On _____

SUBSCRIBED AND SWORN before me this _____ day of _____ 2024,
Affiant exhibited to me his/her Residence Certificate No. _____ issued at
_____ on _____.

Doc no. _____
Book No. _____
Page No. _____
Series of 2024