Republic of the Philippines
J.H. CERILLES STATE COLLEGE

Dumingag Campus
OFFICE OF THE STUDENT AFFAIRS AND SUPPORT SERVICES

PARENT'S/GUARDIAN'S CONSENT FORM
(WAIVER)

_____
Date

TO ALL CONCERNED:
I, _____grant permission for my child/ward_____
_____, a _____student of _____of the
_____of this College, to join the _____
. With a brief description, to wit:

Name of the Activity	
Date of the Activity	
Academic Year	
Semester	
Date and Estimated Time of Arrival/Departure	
a. Arrival	
b. Return	
Mode of Transportation	
Board and Lodging, if any	
Place(s) to visit/ Location of the Event	

Further, as the Parent/Legal guardian, I am fully aware that it is the primary responsibility of the faculty-in-Charge and of the College to supervise the students, I am also aware that the said persons should demonstrate an acceptable standard of care and diligence. Furthermore, I consider their significant responsibility for the safety and risk management when planning, preparing and supervising the activity. However, I also recognize that there may be risks attribute to the activity which can only be avoided through my son's/daughter's/ward's extra diligence and due care, which I fully explained t my son/daughter/ward.

By signing this document, it is understood that my child/ward:

Has been properly oriented with all the rules and regulations of the activity attached in this document and that there may be additional rules and instructions that may be given from time to time. It is further understood that he/she must comply with the aforesaid rules, regulations and instructions; otherwise, he/she shall be excluded from further participation.

Shall exercise extra care and due diligence in participating in the activity; its consequences are fully understood by him/her.

If in case that he/she is on the age of majority, he/she shall be made answerable for any and all liabilities for damages to property or injury to himself/herself, to the College or its representatives and/or to third persons which may be occasioned by his/her intentional or negligent act while in the course of the implementation of the program.

If in case that he/she is a minor, I, as the parent/legal guardian will take full

through my son's/daughter's/ward's extra diligence and due care, which I fully explained t my son/daughter/ward.

By signing this document, it is understood that my child/ward:

A) Has been properly oriented with all the rules and regulations of the activity attached in this document and that there may be additional rules and instructions that may be given from time to time. It is further understood that he/she must comply with the aforesaid rules, regulations and instructions; otherwise, he/she shall be excluded from further participation.
B) Shall exercise extra care and due diligence in participating in the activity; its consequences are fully understood by him/her.

   If in case that he/she is on the age of majority, he/she shall be made answerable for any and all liabilities for damages to property or injury to himself/herself, to the College or its representatives and/or to third persons which may be occasioned by his/her intentional or negligent act while in the course of the implementation of the program.

   If in case that he/she is a minor, I, as the parent/legal guardian will take full accountability on any and all liabilities occasioned by his/her intentional or negligent act while in the course of the implementation of the program.

Parent's/Guardian's signature over printed name

conformed:

Contact Number:09465665329
Address:MARALAG PUROK 7

JUNIE BERT COLIGADO. SANCHEZ

Name of Faculty-in-Charge:

“ Stronger and Bolder JHCSC for Quality Tertiary Education”

SUBSCRIBED AND SWORN to before me this _____ at Dumingag, Zamboanga del Sur, affiant exhibiting to me his/her competent evidence of identity written below his/her name.

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Page No._____
Book No._____
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accountability on any and all liabilities occasioned by his/her intentional or negligent act while in the course of the implementation of the program.

Parent's/Guardian's signature over printed name
Contact Number:09465665329

conformed:

Address:MARALAG PUROK 7

JUNIE BERT COLIGADO. SANCHEZ

Name of Faculty-in-Charge: _____

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