Revised March 2, 2016 \_\_\_\_\_\_\_\_\_\_

Date

**CERTIFICATION OF WAIVER FROM PARENT/GUARDIAN1**

To whom it may concern:

This is to certify that I am allowing my son/daughter/ward, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to join the field trip(s) / educational tour(s) of his/her classes stated below and scheduled on the following dates:

|  |  |  |
| --- | --- | --- |
| **SCHEDULE & LOCATION OF TRIP(S)** | **COURSE NUMBER/TITLE/SECTION** | **FACULTY SIGNATURE/CONTACT INFO** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I will strongly advise my son/daughter/ward to abide by the rules and regulations that will be imposed by the faculty-in-charge for the welfare and safety of the group.

In case of any untoward incident happens to my/our child/son/daughter/ward during and immediate after the trip, I assume full responsibility and accountability and therefore hereby release and discharge, and by these presents, our heirs, successors and assigns, release and forever discharge the University of the Philippines Los Baños, its officers, contingent against the University and its officers, successors and assigns.

I hereby declare that I have read and understood the content of this document prior to signing thereof and that this waiver and quitclaim is made freely and voluntary and with full knowledge of our rights and responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Parent/Guardian (block letters)

Please provide the following information:

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

1Accomplished by the parent/guardian.

(Please attach medical certificate, notarized waiver, and field trip request form to be submitted to the college secretary)

**NOTARY PUBLIC**

Doc No. : \_\_\_\_\_

Page No : \_\_\_\_\_

Book No : \_\_\_\_\_

Series of 2015.