

NATIONAL COLLEGE OF SCIENCE AND TECHNOLOGY CONSENT FORM

PARTICIPANT’S AGREEMENT:

- 1. Participating in any activity is an acceptance of some risk and injury. I agree that my safety is primarily dependent upon my taking proper care of myself.
- 2. I understand that it is my responsibility to know what personal equipment is required (such as footwear, clothing and other personal equipment) and provide the proper personal equipment for my participation in this Activity the **Practice for Food and Beverage Service Mock Demonstration** and to ensure that it is in good and suitable condition.
- 3. I agree to ask questions to make sure that I know how to safety participate in the activities.
- 4. I agree to observe all rules and practices for the team/batch by the (PE Department, Heroes Camp, and Departmental Activities/Invitation from other school/agencies). I agree to advise the Team Leader or his/her designee immediately if I do not believe I can safely continue in the activity.
- 5. I agree to reduce the risk of injury to myself and/or others by limiting my participation to reflect my personal fitness level, wearing the proper protection as dictated by the activity, not wearing anything that would pose a hazard in the pursuit of the activity, not ingesting or using any substance during the activity which could pose a hazard to myself or others.
- 6. I agree that if I fail to act in accordance with this agreement, I may not be permitted to continue to participate in the activity.
- 7. I ACKNOWLEDGE, agree and represent that I understand the nature of the activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the activity/event.
- 8. I fully understand that:
 - a. This activity involve risks and dangers of slight to serious bodily injury
 - b. The risks and dangers maybe caused by my own actions or inactions of others participating in the activity/event, the conditions in which the activity/event takes place
 - c. There may be other risks or social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my participation in the activity.
 - d. In Basketball, Volleyball, Swimming and Athletic Events, players may play in direct sunlight. Organizers will ensure frequent breaks and provide ample drinking water nearby
 - e. In Football/Soccer, players may engage in matched under direct sunlight and are permitted to play even in rainy conditions.

I _____, of _____
(Participant’s Full Name) (Grade/Course Section)
Freely choose to participate in **Practice for the Food and Beverage Service Mock Demonstration** from **September 17 - October, 2025.**
(Activity/Event/Game)

Participant’s Signature over Printed Name

PARENTS/GUARDIANS CONSENT:

- 1. I, the parent/guardian, understand the nature of the activity/event and the capabilities and believe to be qualified in, in good health, and in proper physical condition to participate in such activity, I hereby release, discharge, covenant no to sue, and agree to indemnify and save and hold harmless each of the school authority form all liability, claims, demands, losses or damages on the student’s account.
 - 2. In case of emergency, I understand that all reasonable efforts will be made to contact student’s guardian or parents. But in the event that they cannot be reached, I hereby give permission to the medical personnel (healthcare/emergency staff to secure and administer medical treatment including hospitalization, order and administer medications, anesthesia, x-rays, surgery or special producers if deemed medically necessary for the above named-participant.
 - 3. I hereby certify that the above-named students is covered by health and accident insurance.
- I the parent/legal guardian of the above0named student have read, understood and agree to all terms stated

Parent’s/Guardian’s Signature over Printed Name

Date filed: _____

Note: Kindly attach a photocopy of the ID of the guardian/parent who signed the consent form, together with **three (3) original specimen signatures** for verification purposes.