Republic of the Philippines

****PALAWAN STATE UNIVERSITY**

Puerto Princesa City

College of Sciences

**INTERNSHIP / ON-THE-JOB TRAINING WAIVER**

I, Adriane Troy U. Alariao, hereby acknowledge that I have been informed of the details of the conduct of on-the-job training/ internship.

I understand that PALAWAN STATE UNIVERSITY-COLLEGE SCIENCES instituted an on-the-job training as part of the curriculum for its Bachelor of Science in Biology- Medical Biology, Bachelor of Science in Environmental Science, Bachelor of Science in Computer Science, and Bachelor of Science in Information Technology, in compliance to the requirement of Commission on Higher Education (CHE) CMO 104, Series of 2017 and in order to provide them with adequate actual training.

I understand that College of Sciences been granted permission from the Palawan State University Administration, Commission on Higher Education (CHEd), and the Inter-agency Task Force (IATF) to conduct an internship for the students of the above-mentioned programs.

I understand that PSU-CS, in its desire to enhance the training and development of more professionals, has agreed to provide support to the students of PSU in ensuring the quality of the said programs.

I understand that PSU-CS shall implement the public health standards set by the government to minimize risk of the spread of COVID-19, but it cannot guarantee that I will not become infected with COVID-19, given that COVID-19 is highly contagious.

I understand that my attendance in school/OJT area will include associating with OJT instructors, other students, school/health personnel, and other persons inside and outside of the school that may me at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the school.

I acknowledge that my participation in this activity is completely voluntary. While there remains the risk of possible COVID-19 transmission to me, and to the members of my household, I freely assume the said risk and intend to attend school under this activity.

I am aware that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

I confirm that currently I have none of those symptoms, and is in good health. I will not physically go to school to attend classes, if I or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to COVID-19. I will also inform the school and will not attend face-to-face classes if any of my household members’ tests positive for COVID-19. I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and our community.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights against the school and its personnel as well as officials and personnel of the PALAWAN STATE UNIVERSITY-COLLEGE OF SCIENCES relative to the conduct of the activity.

With full understanding, I Adriane Troy U. Alariao - on behalf of myself, my household members, hereby freely and voluntarily give my consent to participate in the limited face to face classes from February to May I also attest that I had sought the views of my parents and has expressed their willingness to allow me to participate in the activity.

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Student's Signature over Printed Name Date

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Parent’s or Legal Guardian's Signature Over Printed Name Date

*\*Attach a photocopy of the parent’s/ legal guardian’s ID*