**IN-AGENCY TRAINING WAIVER OF CLAIM**

January 2025

To Whom It May Concern:

This is to certify that I ***Ruel S. Tolentino***, parent/guardian of ***Alexandra May T. Pis-ing***, a student of Davao del Norte State College, New Visayas, Panabo City, undergoing On-The-Job Training at the ***Tagum City Hall*** from February 2025 to May 2025 with the total number of 486 hours. I understand and agree that the training is necessary and important in the implementation and completion of the BSIT/ BSIS program.

I further affirm that ***Tagum City Hall*** is not in way responsible nor shall pay compensation for any accident, harm or injury that may have caused on the trainee during the training period at the said establishment.

I also certify that he or she has his or her own free will signified to me, his/her decision to undergo the On-The-Job Training in the establishment cited above as evidence by this signature affixed together with my signature.

I further affirm that the said student trainee shall hold responsible for whatever damages willfully done during his/her On-The-Job training.

**ALEXANDRA MAY T. PIS-ING RUEL S. TOLENTINO**

Student Parent/Guardian

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

WITNESS MY HAND SEAL on the date and place first above written.

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

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

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

Series of: \_\_\_\_\_\_\_\_