**ELIGIBILITY FORM**

MSU-SAS-FR.04.02

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| Name of Participant: |  | Event: | **Navigating The Future Of AI Ready ITnovators** |
| College: |  | Nature of Activity: | **CCS Seminar** |
| Year and Section: |  |  |  |
| Address: |  | Requested by: |  |
| Contact Number: |  |  | **Name of the Adviser** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDICAL CERTIFICATE** | |  | | **PARENT’S CONSENT** |
| This is to certify that:  **NAME** | |  | | This is to certify that I have full knowledge of and permission for my daughter to join and participate in the **CCS Seminar**: **Navigating The Future Of AI Ready ITnovators** **April 22, 2024** at **Mindoro State University – Main Campus.**  I am aware that there are faculty members who will accompany and take all the necessary precautions to keep everyone safe. However, if, despite all efforts taken, untoward incidents occur during or while traveling to and from the activity, I hereby release Mindoro State University, the Commission on Higher Education, and all other concerned parties, individual or group, from any claims, damages, demands, or actions whatsoever that may arise.  *Signature over printed name*  **NAME OF PARENT OR GUARDIAN**  Contact Number: |
| is ***Physically Fit*** to participate in the **CCS Seminar** that will be held on **April 22, 2024** at **Mindoro State University – Main Campus.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CORALYN V. BAUTISTA, M.D.**  University Physician | |  | |
|  | |
|  | |
| Blood Pressure:  Date of Examination: |  |  | |
| **STUDENT’S WAIVER** | | | | |
| November 20, 2023  To whom it may concern:  This is to certify that I am voluntarily joining my organization’s extra/co-curricular activity, particularly, the **CCS Seminar**: **Navigating The Future Of AI Ready ITnovators** on **April 22, 2024** at **Mindoro State University – Main Campus.**  I also declare that neither MINSU or its officials, the Commission on Higher Education, and all other concerned parties, should be held responsible for any untoward incident that may occur during or while travelling to and from the said activity.    *Signature over printed name*  Student, College of Computer Studies | | | | |
| *Noted:* | | | *Acknowledged:*  **ADELIO D. CUETO**  Coordinator, Student Affairs and Services | |