



Republic of the Philippines
ZAMBOANGA PENINSULA POLYTECHNIC STATE UNIVERSITY
Region IX, Zamboanga Peninsula
R.T. Lim Blvd., Zamboanga City



OFFICE OF STUDENT AFFAIRS AND SERVICES

ACKNOWLEDGEMENT OF RISKS AND WAIVER OF LIABILITY

I, _____, Filipino citizen, of legal age, and a resident of _____, and presently enrolled under the _____ program/course of the College of _____ - Zamboanga Peninsula Polytechnic State University, do hereby **VOLUNTARILY PARTICIPATE** in the _____ covering the period from _____ to _____, 2025 to be conducted in _____, Zamboanga City, under the following TERMS AND CONDITIONS:

I acknowledge that the College of _____ - Zamboanga Peninsula Polytechnic State University (ZPPSU) has provided me with all the necessary information relative to my participation in the above stated activities.

I fully understand that it is my responsibility to take every precaution to safeguard my health and personal belonging and to strictly comply with all relevant rules and regulations, policies, and laws, to include the Data Privacy Law.

I acknowledge that failure to comply with these terms and conditions may lead to the termination of my participation with the affiliating institution/s and exclusion from the program.

I fully agree to knowingly and willingly assume all the risks and responsibilities associated with my participation in the above stated activities of ZPPSU.

With full knowledge of the risk involved and to the maximum extent permitted by law, I **release, hold harmless** the university officials, directors, faculty, staff, representatives, employees and agents, as well as officers of the Affiliating Institution/s, from and against any present or future claims, loss or liability for injury to person or property which I may suffer, related to my participation in the above-stated activities.

I acknowledge that I have read and understand the document, I accept its terms, and I sign it knowingly and voluntarily.

Signature over printed Name of Student

Date: _____

Noted by:

Dean, College of _____

Signature over printed Name of
Guardian/Parent

Date: _____

CYRUS PIL P. CADAVEDO, Ph.D.

Vice President for Student Affairs & Services

SUBSCRIBED AND SWORN to before me this _____ day of _____
at Zamboanga City, Philippines.

Notary Public

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.