

**UNDERTAKING, DECLARATION,
LIABILITY RELEASE & WAIVER (UDLRW)
(FOR ON-THE-JOB TRAINING PROGRAM)**

I, Justin A. Cabrera, 4th year BSIT student at the Cebu Institute of Technology - University, do hereby state that:

Name & Signature
Justin A. Cabrera

I. ENROLMENT ON THE REQUIRED OJT COURSE

1. The course IT 412 with descriptive title, OJT / Practicum, is a required in the 2nd semester curriculum.
2. I understand that it is a requirement to enroll myself in the above-mentioned course before the period of my actual on-the-job training (OJT)/practicum/internship.
3. It is with my knowledge and full understanding that being accepted by the Host or Participating Company before my enrollment to the above-mentioned course, as mentioned above, does not necessarily mean that I am entitled to credits to the aforementioned course during the period/semester that I am undergoing on-the-job training/practicum/internship. Thus, the credits for this on-the-job training/practicum/internship shall be subject to further assessment by CIT - University in accordance with its rules and sound judgment.
4. Nonetheless, failure to officially enroll in the abovementioned course or withdrawal from such will result in non-recognition of my hours rendered to on-the-job training/practicum/internship on the aforementioned course, and CIT - University is free from any obligation appertaining to the failure of my part in enrolling in the aforementioned course.
5. I submit myself to this undertaking as a pre-requisite to the issuance of the Endorsement Letter of the department to the prospective host company.

II. STUDENT DECLARATION & WAIVER

1. I have attended the Pre-OJT seminar/orientation of CIT-University and have submitted all requirements prior to the commencement of my OJT.
2. I fully understand the instructions made during the said orientation and agree to abide by them.
3. I am presently not suffering from any physical ailment which can hinder my OJT. 4. I undertake to exercise care in performing my tasks during my OJT so as not to cause damage to myself and others.
5. I will undertake or am presently undertaking the OJT Program during the term (check only one box):
☒ Summer _____
☐ First Semester of SY _____
☐ Second Semester of SY 2024 - 2025
at Sparksoft Solutions, Inc.
6. I hereby waive any claims or damages (financial, moral, or exemplary) against Cebu Institute of Technology - University with office at N. Bacalso Avenue, Cebu City, and Sparksoft Solutions, Inc. with office address at Unit 208 Kalandi Place, Cstd. 529, Katipunan Av., Quezon City should I meet any untoward incidents and/or accidents during the period at which I underwent the OJT Program at the above-mentioned company. I shall be solely liable for the consequences of any fault or negligence on my part which causes damage or injury to others.

III. LIABILITY RELEASE & WAIVER (ON HEALTH & SAFETY)

1. I am aware of the existence of health and safety risks in my visit to the campus and to the Host Training Establishment (HTE) for the On-the-Job Training.
2. I have fully read and understood the COVID-19 safety and health protocols of the University and am fully and personally responsible for my safety and actions while and during my visit thereto, and I recognize that I may be in any case be at risk of contracting COVID-19.

3. With full acknowledgment of the risks involved and with the express consent of my parent/guardian, I agree to knowingly and willingly assume all the risks and responsibilities associated with my visit to the CIT-University campus and to the HTE and the use of its on-site facilities and hereby release, waive, discharge the CIT University and the HTE and their respective management, officers, and employees from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me, including but not limited to COVID-19 while taking part in any on-site activity, while traveling to and from the school and HTE facilities, while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID19.

By signing below, I acknowledge that I have read the foregoing UNDERTAKING, DECLARATION, WAIVER, AND LIABILITY RELEASE and understand its contents; that I am at least twenty (20) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that my undertaking is my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

IN WITNESS HEREOF, I have affixed my signature this JAN 27 2025 at Cebu City, Philippines.

Justin A. Cabrera
Signature over Printed Name

Witnesses:

1. FRANCIS DOLLA PICTRA
Signature over Printed Name

2. ALBERTO TRINIDAD
Signature over Printed Name

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES) CITY OF CEBU) s.s.

In the CEBU CITY, this JAN 27 2025 day of JAN 27 2025, before me, a Notary Public for and in the said city, personally appeared _____ with ID executed the foregoing UNDERTAKING, DECLARATION, WAIVER, AND LIABILITY RELEASE, duly signed by the party executing and by his/her Instrumental witnesses, and the party acknowledged to me that the same is his/her free and voluntary act and deed.

WITNESS MY HAND AND SEAL on the date and at the place first above mentioned.

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