



PARENT/GUARDIAN CONSENT FORM

College:
Campus:

Name of Student:

Part 1. Permission to Participate

I have understood the information concerning the _____ (off-campus activity) and give my son/daughter, _____ (name of student), permission to participate in the said program. I understand the arrangement for the mobility to the destination. I also understand that my son/daughter must meet the application requirements to be accepted in the program.

Signature of Parent/Guardian over printed name

Date

Part 2. Emergency Authorization

In the event that I cannot be reached in an emergency, I give permission to the staff of LSPU or the staff of the off-campus activity office/unit/agency to secure proper treatment for my son/daughter.

Signature of Parent/Guardian over printed name

Date

Part 3. Liability

I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against LSPU of their respective officers, employees, or representatives arising from injury or damages, including attorney's fees, that may result from my child's participation in the off-campus activity.

I further agree to indemnify and hold harmless the partner/cooperating office/unit/agency or their respective officers, employees, or representatives from any claims, including attorney's fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the above-mentioned activity.

Signature of Parent/Guardian over printed name

Date

SUBSCRIBED AND SWORN TO before me, this _____ day of _____, 2022, exhibiting to me and was identified by me through his/her competent evidence of identity: _____ issued on _____ at _____

Notary Public
until _____
IBP No. _____
PTR No. _____

Doc No. _____
Page No. _____
Book No. _____
Series of 20 _____