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## 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024 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 ZPPSU College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ZPPSU 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 Signature over printed Name of Guardian/Parent

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MARIA CHRISTINA G. WEE, Ed.D.**

Dean, College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vice President for Student Affairs & Services

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**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Zamboanga City, Philippines.

Notary Public

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