



UNIVERSITY OF BOHOL
SENIOR HIGH SCHOOL DEPARTMENT

Tagbilaran City, Bohol, Philippines
shs@universityofbohol.edu.ph; (038) 411-3101 loc 222



CONSENT/WAIVER/RISK FORM

We, (_____) and (_____),
parents/legal guardian of (_____), do hereby give our consent for
him/her to attend and participate in the **LIMITED FACE-TO-FACE CLASSES FOR SY 2022-2023**. As his/her parent/s
or legal guardian/s, I/we hereby acknowledge that I/we have been informed of the details of the conduct of the limited
face-to-face classes.

I/we understand that **University of Bohol Senior High School** shall implement the minimum public health standards
set by the government to minimize risk of the spread of COVID-19, but it cannot guarantee that my child will not become
infected with COVID-19, given that COVID-19 is highly contagious.

I understand that my child/ren's in-person attendance in abovementioned activity will include associating with teachers,
fellow learners and school personnel, and other persons inside and outside of the school and/or venue that may put
my child at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the school.

I acknowledge that my child/ren's participation in this activity is completely voluntary. While there remains the risk of
possible COVID-19 transmission to my child/ren, and to the members of my household, I freely assume the said risk
and I permit my child/ren to attend said school activity.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of
action, damages, and rights against the school and its personnel relative to the conduct of the activity.

With full understanding, I _____ (full name of parent or legal guardian)
– on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my
child/ren's participation in the **LIMITED FACE-TO-FACE CLASSES FOR SCHOOL YEAR 2022-2023**. I also attest
that I had sought the views of my child/ren and he/she has expressed willingness to participate in the activity.

Signature over printed name of parent/guardian

Contact number: _____

Signature over printed name of parent/guardian

Contact number: _____

Contact number: _____

Signature over printed name of student

Noted by: _____
Signature over printed name of Section Adviser

Verified and Confirmed by: **Sofila L. Gantalao**
Principal, SHS