



OFFICE OF EXTERNAL LINKAGES AND PLACEMENT SERVICES (OLP)

WAIVER

ON – THE – JOB TRAINING PROGRAM

I, _____ single, married, ____ years old, enrolled in the college of _____ Emilio Aguinaldo College - Cavite (EAC-C) and presently taking a practicum subject OJT a subject required under and approved curriculum of the course I am pursuing at the said College. I agree to undergo the time required as a practicum learner at the _____ (Agencies/Office) located at _____.

I undertake to comply with _____ Policies and Procedures or safety regulations while on the station area of duty during my OJT. I affirm that I am physically fit and in good health to go on OJT and I have no adverse medical conditions that may prejudice the life and safety of others who are with me on duty.

In view of the above, I hereby declare that EAC-C is not in any way accountable for any losses, damages or injuries, either in property or in person, and further waive my rights to claim any compensation or remuneration for said practicum or reimbursement of expenses such as medical and other expenses that maybe caused or occasioned by my affiliation with _____ during the duration thereof.

Finally, should and in case any accident or untoward event occur to me during my OJT. I hereby hold the school, its Board of Directors, administrators, officers, advisers, teachers and staff free and harmless from any liability of whatever nature in connection with such accident or incident. Neither will I authorize my heirs, relatives and/ or representatives to file for nor in my behalf any cases whatsoever in connection with any incident in this OJT activity.

Signed at Dasmariñas City, Cavite, Philippines, this _____ day of _____ 20_____.

Learner's Signature over Printed Name

Learner's School Identification Card

WITNESS:

With the consent and approval of Parent/ Legal Guardian:

Parent/Legal Guardian Signature Over Printed Name

Community Tax Certificate No. _____

Place issued: _____

Date issued: _____

Complete Address and Contact Numbers

ATTESTED:

OJT Coordinator / Faculty in-charge

School Dean



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"I also declare that I will be going on an OJT when the same is allowed by the IATF. For this purpose, I undertake to observe strictly all the recommended health protocols at all times during and for the entire time of my OJT. Correspondingly, I hereby waive any claims and /or liabilities that I may have against the EAC, its board of directors, officers etc. and I hold them free and harmless from any liabilities related to and in connection with my OJT."

Signed at Dasmariñas City, Cavite, Philippines, this _____ day of _____ 20_____.

Learner's Signature over Printed Name

Learner's School Identification Card

WITNESS:

With the consent and approval of Parent/ Legal Guardian:

Parent/Legal Guardian Signature Over Printed Name

Community Tax Certificate No. _____
Place issued: _____
Date issued: _____

Complete Address and Contact Numbers

ATTESTED:

OJT Coordinator / Faculty in-charge
(Note: For Notary)

School Dean



EMILIO AGUINALDO COLLEGE

Gov. D. Mangubat Ave., Brgy. Burol Main, City of Dasmariñas, Cavite 4114, Philippines
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