



PARENT’S/GUARDIAN’S CONSENT FORM (WAIVER)

Date _____

TO ALL CONCERNED:
I, _____ grant permission for my child/ward _____
_____, a _____ student of _____ of the
_____ of this University, to join the ECHO: General Assembly and
Acquaintance 2025.

With a brief description, to wit:

Name of the Activity	ECHO: General Assembly and Acquaintance 2025
Date of the Activity/ Academic Year/ Semester	September 12, 2025 / A.Y. 2025-2026 / 1st Semester
Date and Estimated Time of Arrival/Departure a. Arrival b. Return	9:00 AM - 5:00 PM
Mode of Transportation	Not Applicable
Board and Lodging, if any	Not Applicable
Place(s) to visit/Location of the Event	BatStateU The NEU-ARASOF-Nasugbu

Further, as the Parent/Legal guardian, I am full aware that it is the primary responsibility of the Faculty-in-Charge and of the University to supervise the students, I am also aware that the said persons should demonstrate an acceptable standard of care and diligence. Furthermore, I consider their significant responsibility for the safety and risk management when planning, preparing and supervising the activity. However, I also recognize that there may be risks attribute to the activity which can only be avoided through my son’s/daughter’s/ward’s extra diligence and due care, which I fully explained to my son/daughter/ward.

By signing this document, it is understood that my child/ward:

- a) Has been properly oriented with all the rules and regulations of the activity attached in this document and that there may be additional rules and instructions that may be given from time to time. It is further understood that he/she must comply with the aforesaid rules, regulations and instructions; otherwise, he/she shall be excluded from further participation.
- b) Shall exercise extra care and due diligence in participating in the activity; its consequences are fully understood by him/her.

If in case that he/she is on the age of majority, he/she shall be made answerable for any and all liabilities for damages to property or injury to himself/herself, to the University or its representatives and/or to third persons which may be occasioned by his/her intentional or negligent act while in the course of the implementation of the program.

If in case that he/she is a minor, I, as the parent/legal guardian will take full accountability on any and all liabilities occasioned by his/her intentional or negligent act while in the course of the implementation of the program.

Parent’s/Guardian’s signature over printed name

Contact Number: _____
Address : _____

Conforme:

(Student’s signature over printed name)

Name of Faculty-in-Charge: _____