



PARENT/GUARDIAN CONSENT FORM

College: COLEGE OF COMPUTER STUDIES

Campus: LOS BAÑOS CAMPUS

Name of Student:

Part 1. Permission to Participate

I have understood the information concerning the **ON-THEJOB TRAINING / INTERNSHIP** and give my son/daughter, Mark Lawrence A. Mercado, 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 into the program.

Julieta A. Mercado

Signature of Parent/Guardian over printed name

Date

Part 2. Emergency Authorization

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

Julieta A. Mercado

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 a 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 activity mentioned above.

Julieta A. Mercado

Signature of Parent/Guardian over printed name

Date

SUBSCRIBED AND SWORN TO before me, this ____ day of _____, 2025, 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 _____