



OUR LADY OF FATIMA UNIVERSITY
COLLEGE OF MARITIME EDUCATION
ONBOARD TRAINING OFFICE

Valenzuela City



DATE _____

WAIVER FORM FOR MARITIME TRAINING

This waiver is executed by (name of parent/guardian) _____ for on behalf of (name of student) _____ who is required to actively participate and attend all MARITIME TRAINING and practicum exposure as mandated by the curricular requirements of the course enrolled in.

This waiver is a recognition and affirmation that the Our Lady of Fatima University legally prescribes to the curricular program of the Commission on Higher Education and that therefore the UNIVERSITY IS NOT LIABLE for any untoward and unforeseen incident/illness including COVID-19 that may occur as a result of the practicum/training whether on-site or coming or going to the affiliation/practicum site.

Signature of Student over Printed Name

Signature of Parent/Guardian over Printed Name

Year and Section _____

Course/ Subject _____

Witness: _____
Signature over Printed Name



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