

SMP TEACHERS' TRAINING WAIVER
(*training schedule @ training venue*)

I, _____, a teacher of _____ (SUC), hereby agree to join and participate in the SMP Teachers' Training to be held from *training schedule at training venue*.

The SMP Teachers' Training will be conducted under the direction of the Business Processing Association of the Philippines (BPAP). I hereby acknowledge that BPAP's role is limited to being an **Instructor/Lecturer only** and does not have custody or responsibility over my person. I, however, do hereby agree to follow the Reasonable Rules and Regulations of BPAP to maintain orderliness and good conduct.

I hereby acknowledge that sufficient information has been provided by BPAP with respect to the planned activity, its duration, and the amount of supervision it will exercise over said activity.

Incidental to said activity, transportation to and from the venue and hotel accommodations might be necessary. I hereby acknowledge that BPAP will arrange for these, if necessary, but in no way does BPAP assume liability or responsibility for the third party providers rendering the services mentioned above.

I further acknowledge and accept that by participating in the above activity, I may be exposed to certain known and unknown risks, dangers, hazards and liabilities which may result from my own actions, or the action or inaction of my fellow teachers, or a combination of both. I further affirm that I am in good health and capable of performing the activities that will be demanded by the Teachers' Training.

I hereby freely accept and fully assume any legal responsibility for any personal injury, death, losses, inconvenience or property damage that may arise from such risks, dangers and hazards as a result of my participation in this activity. In consideration of BPAP accepting my participation in this activity, I hereby release, indemnify and hold harmless BPAP, its officers, directors and employees, from any claim, cause of action, costs, expenses or demands and all liability whatsoever arising or that may arise as a result of my participation in this activity.

By signing below, I confirm that I have read, understood and accepted the above conditions.

Signature above printed name of Teacher

Date