



Vision. To be recognized as the #1 local university of employable graduates.
Mission. To provide comprehensive education that enhances the lives of QCU students for nation building and as world class citizens.

WAIVER

I, _____, student of Quezon City University, will participate in the face-to-face classes to be conducted by the University. I completely understand and realize that participation in the said face to face classes might be dangerous or hazardous to me.

By signing below, I agree to the fact that participation in the above stated activity may lead into contracting a COVID-19 infection, or cause harm or injury to me. I therefore, release the Quezon City University from all liability, costs, or damages which could arise from participating in the face-to-face classes. I agree to accept financial responsibility for the costs related to this emergency treatment and give my confirmation by signing the same.

Name and Signature/Date

Name and Signature of Parent/Guardian