

**Parent’s/Guardian’s Certification of Waiver**

AY, Term

**To whom it may concern:**

This is to certify that I am allowing my son/daughter, **<name of Student Trainee>** to take his/her On-the-Job Training (OJT) at **<name of Host Company>** for **<no. of training hours>** hours in partial fulfillment of the requirements for the degree in **<Name of Program>.**

I also understand that he/she is expected to abide by the rules and regulations set by the STI OJT Course Policy and the Host Company.

I fully and voluntarily waive my right to hold STI **<Name of Campus>** and/or any of its representatives responsible for any case of untoward incident that may happen to my son/daughter during the duration of his/her training.

Signature over Printed Name of Parent or Guardian Date Signed

Received by:

Signature over Printed Name of OJT Adviser Date Signed