



**ACKNOWLEDGEMENT OF RISKS AND
WAIVER OF LIABILITY**

I, _____, Filipino citizen, of legal age, and a resident of _____, do hereby voluntarily participate in the **BSCS Industry Visit Educational Tour for the subject CS141 On-the-Job Training/Industry Immersion in Manila, Quezon, Makati, Taguig, Subic, Tagaytay, and Baguio City on June 08 to June 15, 2025**

under the following **TERMS AND CONDITIONS:**

I acknowledge that the College of Computing Studies - Western Mindanao State University has provided me with all the necessary information relative to my participation in the above stated activities, including the potential risks of contracting the COVID-19.

I have read and fully understand the guidelines issued by the IATF, DOH and CHED pertaining to the COVID-19 and will exercise great care to protect myself and the people around me. Such protective measures include wearing a face mask or other personal protective equipment, maintaining at least six feet (or other required minimum) from other people, washing or sanitizing my hands often, and ensuring the cleanliness of immediate workspace.

I fully understand that during the course of my participation in the above stated activities, it may subject and expose me to risks that could result in illness, injury, hospitalization, and even death. Such risks include, but are not limited to, contracting the COVID-19, those associated with traveling to and from the facility, different standards of health, safety, maintenance of buildings, public places and conveyances.

I understand that it is my responsibility to take every precaution to safeguard my health and of those I interact with and to strictly comply with all relevant rules and regulations, policies, and laws.

I acknowledge that my failure to comply with the mandatory health protocols may lead to the termination of my participation with the aforementioned activities.

I fully agree to knowingly and willingly assume all the risks and responsibilities associated with my participation in the above stated activities of Western Mindanao State University.

To the maximum extent permitted by law, I release, hold harmless the WMSU College of Computing Studies and its officers, directors, faculty, staff, representatives, employees and agents, as well as officers of the Affiliating Institution/s, from and against any present or future claims, loss or liability for injury to person or property which I may suffer, related to my participation in the above-stated activities.

I acknowledge that I have read and understand the document, I accept its terms, and I sign it knowingly and voluntarily.

Signature over printed Name
of Student
Date: _____

Signature over printed Name
of Guardian/Parent
Date: _____