

Republic of the Philippines Western Mindanao State University COLLEGE OF COMPUTING STUDIES Zamboanga City



ACKOWLEDGEMENT OF RISKS AND WAIVER OF LIABILITY

I, ______, resident of ______, am the parent

or leg	al guardian	of	, born on	My	
son/da	aughter/war	d is participating in an	educational tour organized by V	<u>Vestern Mindanao</u>	
	_		ng Studies to Manila, Quezon		
			an original departure date of Jı	une 08, 2025 and	
return	date of Jun	e 15, 2025.			
T 101	h11 -	. 4			
ı nere	by acknowie	edge and agree that:			
1	Altomoto	Dight Assessments	I understand that my son/d	anghton/wand has	
1.		_	I understand that my son/destination on a different flight		
	=		ndanao State University – Coll		
		_	ion to make alternate flight arra		
	return jour		S	J	
2.	_	-	ht Arrangements: I understand		
			llege of Computing Studies is a	-	
		arranging or overseeing the Alternate Flight Arrangements. I accept full responsibility for coordinating, booking, and paying for the Alternate Flight Arrangements, as well as			
				ements, as well as	
	ensuring th	e sale and timely arrival	at the return destination.		
3.	Release of	Liahility : I hereby releas	se, waive, and hold harmless the V	Western Mindanao	
0.		•	f Computing Studies, its e		
	representatives, and volunteers (collectively, the "Releasees") from any and all liability,				
	claims, demands, actions, and causes of action whatsoever arising out of or related to				
	any loss, d	amage, or injury, includ	ing death, that may be sustained	d as a result of the	
	Alternate F	light Arrangements, wh	ether caused by the negligence of	of the Releasees or	
	otherwise.				
	T 4	-41 T		41 D 1 C	
4.	Indemnification : I agree to indemnify, defend, and hold harmless the Releasees from and against any and all claims, liabilities, damages, losses, or expenses, including				
	reasonable attorney's fees and costs, arising out of or in any way connected with my				
	son's/daughter's/ward's participation in the Alternate Flight Arrangements.				
	, 0	, 1 1	5 5		
		_	id understand the document, I a	accept its terms,	
and I	sign it kno	wingly and voluntarily.			
	Signature	ver printed Name	Signature over pri	inted Name	
	of Student	ver printed Name	of Guardian/Pare		
			Date:		
	-				