

WAIVER AND RELEASE FOR LIMITED FACE-TO-FACE CLASSES
Academic Year; 2021-2022; 1st Trimester ; ✓ 2nd Trimester; 3rd Trimester

We/I, Maita M. Chan have given Alecz Jasmine M. Chan
(Name of Parent/Guardian) *(Name of Student)*

permission to attend the Limited Face-to-Face Classes as stipulated in the CHED Memorandum Order No. 27 series of 2021 and CHED-DOH Joint Memorandum Circular No. 2021-001 and 2021-004. We are aware of the risks that our son/daughter may be exposed to during these Limited Face-to-Face classes. Just the same, we allow him/her without any reservation to participate in these Limited Face-to-Face Classes for the duration of his/her course. While he/she is participating in the said learning activities, we hereby voluntarily and expressly waive any or all actions, claims, or demands against University of the Cordilleras, its trustees, officers, teachers and/or employees should our son/daughter suffer any injury or damages which may happen beyond the control of the faculty; and we hold harmless the said University of the Cordilleras, its trustees, officers, teachers, and/or employees from any such action, claim or demand.

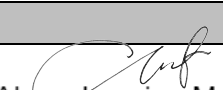

Similarly, I, Alecz Jasmine M. Chan, hereby voluntarily and expressly waive any
(Name of Student)

or all actions, claims or demands against University of the Cordilleras, its trustees, officers, teachers, and/or employees should I suffer any injury or damages while I am participating in the said Limited Face-to-Face Classes: and I hold harmless the said University of the Cordilleras, its trustees, officers, teachers and/or employees from any such action, claim or demand, provided however, that utmost care, attention and precautions are undertaken and/or exercised by those concerned.

I shall observe diligence to ensure myself and well-being.

I shall comply with rules and regulations set by the University and the organizing committee.

Signed this 18th day of March 2022.

Conforme:	Attested by:
 <u>Alecz Jasmine M. Chan</u> <u>3/18/2022</u>	 <u>Maita M. Chan</u> <u>3/18/2022</u>
Student (Name Signature Date)	Parent / Guardian (Name Signature Date)

Contact Nos.: 09666242476
Contact Nos.: 09152041402
Relationship with the Student: Mother

SUBSCRIBED AND SWORN to before me in the City of Baguio, Philippines, this ___th day of _____, by _____ and _____, with ID No. _____, who are the same persons who personally signed before me the foregoing RWQ and acknowledged that they executed the same.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____ .

NOTED:		
<u>Melinda A. Beninsig</u>	<u>Melinda A. Beninsig, IT</u>	<u>Jeffrey S. Ingosan</u>
Class Adviser/s (Name Signature Date)	Program Chair, (Dept) (Name Signature Date)	Academic Dean (Name Signature Date)