I, {NAME} hereby acknowledge that I am participating in the NFJPIA Region 12 Event (" {EVENT} ") organized by the National Federation of Junior Philippine Institute of Accountants - Region 12 .

I understand that the Event involves various activities, including but not limited to, lectures, workshops, competitions, and social events. I acknowledge that there are inherent risks and hazards associated with participating in such activities, and I voluntarily assume all risks and hazards associated with my participation in the Event.

I represent and warrant that I am physically fit and capable of participating in the Event, and that I do not have any medical conditions that would prevent me from participating in the Event.

I agree to comply with all rules and regulations of the Event, including any instructions or directions provided by the Organizer or any of its representatives. I agree to act in a safe and responsible manner at all times during the Event.

I acknowledge that the Organizer and its representatives are not responsible for any loss, damage, or injury that may occur to me or my property during the Event. I release and waive any and all claims against the Organizer, its officers, directors, employees, agents, and representatives from any and all liability for any loss, damage, or injury that may occur to me or my property during the Event.

I acknowledge that the Organizer may take photographs, videos, or other recordings during the Event, and I grant the Organizer and its representative’s permission to use such photographs, videos, or recordings for promotional or educational purposes.

If I am a student, my parent or legal guardian must also sign this waiver.

By signing below, I acknowledge that I have read and understand this waiver, and that I agree to its terms and conditions.

Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_