

	MARIANO MARCOS STATE UNIVERSITY Student Affairs and Services		Document Code	SAS-FRM-004
	PARENTS' CONSENT AND WAIVER		Revision No.	1
			Effectivity Date	October 12, 2020

PARENTS' CONSENT AND WAIVER*
Student Trip/Travel and/or Participation

The undersigned parent/s/guardian whose painted name/s and signature/s appear below hereby declare and state:

- I/we am/are the parent/s/guardian of:
NAME OF STUDENT: _____
- A bona-fide MMSU student at the college/school of:
NAME OF COLLEGE: COLLEGE OF INDUSTRIAL TECHNOLOGY _____
- Are aware that said student will be part of a school/course/class related travel/trip as follows:
 - Destination:** Trade Fair Ground _____
 - Purpose:** To attend Garden Show _____
 - Inclusive dates:** January 15, 2023 _____
 - Means of transportation:** PUB/PUJ _____
 - Lodging/board/accommodation:**

None

Monetary

Contribution/expense:

None
- I/we hereby give permission and consent for said student to travel as above described and specified.
- I hereby unconditionally waive any and all claims or causes of action that may arise as a result of said trip/travel/participation, such as accident, negligence and similar unforeseen events and acts of God, including intentional acts, in whatever nature or form, in favour of the Mariano Marcos State University (MMSU). This waiver shall also apply to any official member of the trip, travel or delegation except when the loss or injury, claim or cause of action results from an intentional act or omission, in which case the latter shall be personally held liable for any and all criminal, civil and/or administrative violation, if any.
- I/we are fully aware and understand that this consent/waiver is an indispensable condition to the participation of said student.
- If this consent/waiver is signed only by **only one parent**, the signing parent hereby takes full responsibility for any all consequences of this consent/waiver. Please state below the reason why the other parent’s signature was not obtained.

- If this consent/waiver is signed by a **guardian**, the latter takes full responsibility for any and all consequences of this consent/waiver. Please state below the nature of the guardianship relations and the legal basis thereof.

PARENT/GUARDIAN
 (SIGNATURE OVER PRINTED NAME)

PARENT/GUARDIAN
 (SIGNATURE OVER PRINTED NAME)

PERMANENT ADDRESS : _____

CONTACT NUMBER : _____

We verified all the information/data herein provided and they are true and correct to our own personal information and belief.

CESARIO Y. PACIS

 Dean

BYRON JOSEPH A. HALLAR

 Department Chair

 Faculty/Coordinator

*Please do not alter nor modify this document. All information required must be provided correctly and accurately. This document must accompany the letter request at time the request is submitted.

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