

TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES CAVITE CAMPUS

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OSA OFF-CAMPUS ACTIVITY CONSENT AND WAIVER FORM

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WAIVER

l,	Mark Symon Martinez					a	BET-COET-2A			
	(Name of Student)						(Course and Year)			
student of	Technological	University MR AND M					Campus,			
		(Ev	ent)							
	University St	udent Gover Organ		of TUP – Man	ila		, on <u>_</u> _			23
		,	Date)							
at the	<u>Tech</u>	nological Un		of the Philipp nue)	ines –	Manila Ca	ampus		·•	l fully
understand t	he circumstances	of joining a	nd atten	ding the eve	nt.					
•	e all liabilities, wl Cavite Campus a					_		_	•	
		MARK SYN	MON MA	ARTINEZ / De	cembe	r 13, 2023	3			
	S	tudent's Sigr	nature o	ver Printed N	lame /	Date Sign	ned			
			<u>C</u>	ONSENT						
l,	, parent	ent/guardian of <u>Mark Symon Martinez</u> (Name of Student)								
	(Name of Parent,							-		
	<i>,</i>	do hereby gi	ant per	mission for h	is/her	participat	ion in the a	itoresa	d event.	
Technologica	waive my right: I University of tl Ir to my son/dau	ne Philippine	es – Cav	ite Campus	and re	levant au	thorities, s	hould	any unto	ward
				ARTINEZ / De				_		
	Paren	t's/Guardian	's Signat	ure over Prir	ited Na	ame/ Date	e Signed			
Parent's/Gua Email Addres	lumber:	<u>09477392645</u>								
Home Addres		254 Pook, Paliparan 3, Dasmariñas City, Cavite								

^{*} Attach a photocopy of the parent's/guardian's valid ID with signature.