



De La Salle University
WAIVER FORM FOR UNDERGRADUATE STUDENT

_____ Date

De La Salle University
Taft Avenue, Manila

Gentlemen:

As the parent/guardian of _____, with ID No. _____, I allow my son/daughter to join and participate in:

Department/Unit Sponsoring Activity	:	_____
Nature of Activity	:	_____
Date of Activity	:	_____
Place of Activity	:	_____
Time of Activity From: _____	:	_____
Faculty/Adviser/Staff-in-Charge	:	_____

Together with my child, I know that the University and its officers, faculty and staff are expected to exercise the legal diligence required for the safety and well-being of my child for the duration and place, date and time of the activity as stated

This legal diligence would include oral or written instructions, whether given before or during the activity, that if followed, would ensure the safety of my child.

If the child disregards or fails to follow those instructions or should act on his/her own, I, together with the child, shall have no claim against the University, its officers, faculty, adviser, staff-in-charge should any damage he caused or liability be incurred to property or person.

I also acknowledge that clinic hours are from 7:00am to 9:30pm on Monday to Friday and from 7:00am to 7:00pm on Saturday.

Very Truly Yours,

(Name & Signature of Parent)

(Contact Number)

(Name & Signature of Student)

(Contact Number)