HEI

College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS & STUDENT/INTERN’s DECLARATION OF CONSENT WITH WAIVER AND QUITCLAIM

I/We,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of Parent/s or Legal Guardian)*, of legal age, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/s and/or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of student)*, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Student ID No.)*, student of the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEI, after having been sworn to in accordance with law, declare the following:

I/We, the parent/s and/or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*name of student)*  do hereby authorize him/her to undertake practicum/internship work in the Office of the Vice Chancellor for Student Affairs, University of the Philippines Los Baños (UPLB), College, Laguna from \_\_\_\_\_\_\_\_\_\_\_ (date) to \_\_\_\_\_\_\_\_\_\_\_\_ (date).

I/We understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of student)* will be guided by the University Rules on Student Conduct as if he/she were inside the HEI Campus and also by pertinent rules and regulations of the company, agency or community.

I/We hereby further agree to shoulder all personal and incidental expenses that may be incurred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of student)* in connection with this off-campus fieldwork required for successful completion of his/her study program.

I/We, hereby release and discharge, and by these presents, our heirs, successors and assigns, release and forever discharge UPLB their officers, successors and assigns, from any and all causes of action, sums of money, accounts, damages, claims and demands of whatever nature, whether past, present or contingent against UPLB and their officers, successors and assigns during the conduct of the internship program. Any and all damages that we shall suffer shall be charged to the insurance we have obtained for the internship program *(Certified True Copy of Insurance Policy is hereto attached as* ***Annex A*** *and made an integral part hereof)*.

We hereby declare that we have read and understood the contents of this document prior to signing hereof and that this declaration of our consent with wavier and quitclaim is made freely and voluntarily and with full knowledge of our rights under the laws of the Philippines.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name & Signature of Intern’s Parents** |

|  |
| --- |
| HEI **Student/Intern** |

SIGNED IN THE PRESENCE OF

|  |  |  |
| --- | --- | --- |
| Witness |  | Witness |

ACKNOWLEDGMENT

Republic of the Philippines }

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ }S.S.

 BEFORE ME, a Notary Public for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(place) personally appeared on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), the following persons, presenting to me their respective Competent Evidence of Identity, as indicated below:

|  | Government Issued ID No. | Issued at/on |
| --- | --- | --- |
| Name of Student |  |  |
| Name of Parent 1 |  |  |
| Name of Parent 2 |  |  |

Known to me to be the same persons who executed the foregoing PARENT & STUDENT INTERN’s DECLARATION OF CONSENT WITH WAIVER and QUITCLAIM with Insurance Policy as their Annex A, of their own free and voluntary act and deed.

This instrument consisting of two (2) pages, including this page, on which this Acknowledgement is written has been signed by the parties and their instrumental witnesses on each and every page.

 TO THE TRUTH OF THE FOREGOING, witness now my hand and seal on the date and at the place indicated.

Doc No. \_\_\_\_\_\_\_;

Page No.\_\_\_\_\_\_\_;

Book No. \_\_\_\_\_\_\_;

Series of 2023.