



Student's Name \_\_\_\_\_  
Student Number \_\_\_\_\_  
Course \_\_\_\_\_

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

**WAIVER FORM FOR FIELD ACTIVITIES**  
*(for Graduate Student)*

I, \_\_\_\_\_, of legal age, agree to participate in the academic field activity in \_\_\_\_\_ (place) on \_\_\_\_\_ (inclusive dates) as part of the course requirements for \_\_\_\_\_ (subject) under the supervision of \_\_\_\_\_ (Faculty).

I understand that the College and Faculty Supervisor will make the necessary preparation for the activity and take precautions to ensure the safety of the students and faculty. I will not hold, however, the College or the University responsible for any unforeseen and untoward incident that might happen to me in the course of this field activity.

CONFORME:

CONTACT PERSON in case of emergency:

\_\_\_\_\_  
Student's Signature  
\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

NOTED:

\_\_\_\_\_  
Faculty/ FI Coordinator

\_\_\_\_\_  
Department Chairperson