



Student's Name _____

Date: _____

Student Number _____

Course _____

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

Relationship: _____

Contact Number

Contact Number: _____

NOTED:

Faculty/ FI Coordinator

Department Chairperson