

STUDENT PARTICIPATION AGREEMENT FOR ACADEMIC FIELD ACTIVITIES

This agreement is made by and between the University of the Philippines Diliman, under the representation of the faculty-in-charge named below, and the student to protect the latter for his/her participation in academic field activities. Prior to the start of the activity, students that are 18 years old and above are asked to sign this document to indicate agreement with ALL its terms. For students who are younger than 18 years of age, a parent or legal guardian must also sign this form together with said student.

Student's Name:		
Student Number:	Birthday:	Age:
Degree Program:	College:	

Course:	Section:
Faculty-in-Charge:	
Name of Field Activity:	
Date/s and Time of Field Activity:	Location of Field Activity:

1. Acknowledgement of benefits and relevance to the course: I acknowledge that I have been previously informed of the facts and circumstances surrounding the field activity, and I recognize its relevance to the course and/or the degree program. I understand and accept the benefits and advantages of participation in developing and complementing my learning and competencies as a student, which are:

LIST OF ACTIVITIES	BENEFIT(S) PER ACTIVITY
1.	
2.	
3.	

You may provide additional pages if necessary.

2. Acknowledgment of risks: I understand that the University, under the representation of the faculty-in-charge, will take precaution to ensure my safety and security during the field activity. However, I am aware that participation in this activity carries with it certain risks, dangers, hazards, and liabilities that cannot be eliminated regardless of the care taken to avoid injuries and illnesses. I acknowledge and accept that this activity has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur:

LIST OF ACTIVITIES	RISK(S) PER ACTIVITY
1.	
2.	
3.	

You may provide additional pages if necessary.

3. Acknowledgment of responsibility: I understand that it is my responsibility to learn as much as possible about the risks of this field activity, to weigh those risks against the benefits and advantages, and to decide whether to participate or not. I also understand that I, as a participant in this activity, am also a member of the University's community and that I pledge to conduct myself in accordance with all applicable guidelines, regulations, and policies of the University and College, as well as the governing laws of the Philippines.

4. Fitness to participate and medical clearance: I confirm that I am physically and mentally capable of and have no health problems that would present a risk to me in participating in this field activity. I informed the corresponding faculty-in-charge of any preexisting medical condition that I have. I consequently received medical clearance and will follow medical advice concerning the avoidance of health risk and the treatment of any medical condition during this activity.

5. Insurance coverage: I certify that I have been provided adequate insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury or any untoward incident that harms my safety or security. I was made aware of the exclusions in my insurance policy and, considering such, have made an informed decision before participating in this field activity. I guarantee payment of all expenses incurred as a result of emergency medical treatment.

6. Liability waiver and indemnity: I, for myself, my heirs, next of kin, and personal representatives, do hereby release and forever discharge the University, the College, and any of its representatives from any and all actions, claims, and demands for damages, loss, and injury howsoever arising from which now or may hereafter be sustained by me in consequence of my participation in this activity. I will not hold the University, the College, or any of its representatives responsible for any unseen and untoward incident that might happen to me in the course of the field activity, except for that which results from negligence on the part of the University, College, or any of its representatives.

CONTACT PERSON/S IN CASE OF EMERGENCY:

Name:	Name:
Relation to Student:	Relation to Student:
Contact Number:	Contact Number:

I certify that I have carefully read the preceding agreement and that I join in the agreement without reservation. By my signature, I acknowledge that I am voluntarily executing this agreement of my own free will and I recognize my responsibility for reading, understanding, and abiding by the conditions printed in this document.

STUDENT'S SIGNATURE ABOVE PRINTED NAME _____

DATE _____

Students who are not 18 years of age or older must sign above and must also obtain the signature of a parent or legal guardian below:

I certify that I am the parent or legal guardian of the above-named participant in this field activity. I have read the above agreement, understood its contents, assent to its terms and conditions, and signed this agreement of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in this activity. I hereby give consent to his/her participation.

PARENT/GUARDIAN'S SIGNATURE ABOVE PRINTED NAME _____

DATE _____

FACULTY-IN-CHARGE'S SIGNATURE ABOVE PRINTED NAME _____

DATE _____