

PARENTS' CONSENT AND WAIVER*

Student Trip/Travel and/or Participation

The undersigned parent/s/guardian whose printed name/s and signature/s appear below hereby declare and state:

1. I/we am/are the parent/s/guardian of:
NAME OF STUDENT: _____
2. A bona-fide MMSU student at the college/school of:
NAME OF COLLEGE: _____
3. Are aware that said student will be a part of a school/course/class related travel/trip as follows:
 - a. **Destination:** _____
 - b. **Purpose:** _____
 - c. **Inclusive dates:** _____
 - d. **Means of transportation:** _____
 - e. **Lodging/board/accommodation:** _____
 - f. **Monetary Contribution/Expense:** _____
4. I/we understand that the trip/travel/participation is part of the student's academic program/course and as such I/we hereby give our permission and consent for said student to travel as above described and specified.
5. By virtue of this document, I/we unconditionally waive any and all claims or causes of actions against the Mariano Marcos State University (MMSU), or any of its faculty, personnel or officials that may arise as a result of said trip/travel/participation, such as accident, and/or similar unforeseen events and acts of God, in whatever nature or form. This waiver does not however cover intentional acts; loss, damage or injury that results therefrom shall be the liability of the person who intentionally caused the damage, loss or injury.
6. **IMPORTANT:**
 - a) If this document is signed by **only one parent**, please state below the reason why the other parent's signature was not obtained. By affixing his/her signature the signing parent hereby takes full responsibility for this consent/waiver.

 - b) If this document is signed by a **guardian**, please state below the nature of the guardianship relation and the legal basis thereof. The guardian or anyone who claims to act as such takes full responsibility for this consent/waiver.

PARENT/GUARDIAN
(SIGNATURE OVER PRINTED NAME)

PARENT/GUARDIAN
(SIGNATURE OVER PRINTED NAME)

PERMANENT ADDRESS: _____

CONTACT NUMBER: _____

We verified all the information/data herein provided and they are true and correct to our own personal information and belief.

Dean Department Chair Faculty/Coordinator

*Please do not alter or modify this document. All information/date required must be provided correctly and accurately. This document must accompany the letter request at time the request is submitted.