



OFFICE OF SERVICE-LEARNING, OUTREACH AND PAHINUNGOD

College of Social Sciences and Philosophy

University of the Philippines Diliman

WAIVER FORM

Section 1. DETAILS OF FIELDWORK

Description of the Activity:	
Duration of the Activity:	Location of the Activity:
Equipment/ Supplies to be provided by the participant:	Equipment/ Supplies to be provided by the organizer:
Activities to be undertaken/ itinerary:	
Certified by Coordinator:	Date:

Section 2.1 PARTICIPANT AGREEMENT

_____ (Name of Participant) is a volunteer of CSSP OSLO-Pahinungod, acknowledges that health and accidents are risks inherent in this volunteer activity. The volunteer assumes that such risks are beyond the control of the University and certifies that the aforementioned is capable of undertaking this volunteer program.	
Certified by Volunteer:	Date:

Section 2.2

I _____ (Name of Participant), allow the OSLO-Pahinungod to utilize my photo reflection journal (the whole thing or parts of it) for their social media posts and for whatever purpose it may serve.	
Certified by Volunteer:	Date:



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Section 3. GUARDIAN CONSENT

I acknowledge that there are certain risks inherent in volunteer activities, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the University. I certify that my _____ (relationship to the volunteer) is able to participate in this volunteer activity, and all pertinent activities related thereto.

Should my _____ require emergency medical treatment as a result of accident or illness arising during the activity, I consent to such treatment. I acknowledge that the University does not provide health and accident insurance, outside the scope of the required personal insurance applied by the volunteer before undertaking in any activity, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the person in charge if my child has medical conditions about which emergency medical personnel should be informed.

In case of emergency, please contact me at _____ (contact info)

CERTIFIED BY (Parent/Guardian):

Date:



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Section 4. PERSONAL DATA SHEET

Name:		
Student Number:	Nickname:	Sex:
Birthdate:	Birthplace:	
Age:	Civil Status:	
Complete Address:		
Contact Number/s:		
Course:		
Medical History:		
Name of person and contact number in case of emergency:		