

MANILA TYTANA COLLEGES

STUDENT AFFAIRS DIRECTORATE

Pres. Diosdado Macapagal Blvd., Metropolitan Park, Pasay City

WAIVER

Date:

This is to inform you that I am allowing my (son/daughter)

.....
(First Name) (M.I.) (Last Name)

with Student Number, to participate in the

..... at

from to

I fully understand that this is in partial fulfillment of the requirements of the course program. Having considered the benefits that my son/daughter will derive from the said activity, I take full responsibility for his/her participation and waive any claim which I may have against Manila Tytana Colleges for any damage and/or injury that he/she may sustain arising out of his/her participation.

.....
Parent/Guardian (Signature over Printed name)

Address:

Contact Nos.:

.....
Teacher/Moderator/Coach (Signature over Printed Name)

Contact Nos.:

Noted by:
.....
Student Affairs Director

Approved by:
.....
College Dean

.....
Academic Director