

## WAIVER AND RELEASE FROM LIABILITY

Laboratory Work in (Course): \_\_\_\_\_

Research Project (Title): \_\_\_\_\_

Location and Period of Work: \_\_\_\_\_

Brief description of activities (may attach more detailed list of procedures to be performed, equipment & chemicals to be used):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby waive any claims of personal injury, loss or damage to personal property, and release the UNIVERSITY OF THE PHILIPPINES-DILIMAN and its COLLEGE OF ENGINEERING, its officers and employees from any liability of injury, loss or damage to personal property associated with the performance of work for the research project stated above to the full extent of the law.

I acknowledge that I understand the waiver described in this document. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I acknowledge that I have signed this WAIVER AND RELEASE under my own free will and under no duress.

Name of Participant: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Degree Program: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If Participant is under 18 years of age, the name and signature of the parent/guardian is required.*

Participant's Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Insurance:     YES, Please specify name: \_\_\_\_\_  
                   NO

In case of emergency, please contact:

Name: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone number (Home): \_\_\_\_\_

Telephone number (Office): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### ENDORSEMENT

Instructor/Research Adviser: \_\_\_\_\_

Department/Institute Head: \_\_\_\_\_