



DE LA SALLE LIPA

PRACTICUM WAIVER

Date

Dear Sir/Madam:

We would like to inform you that permission is hereby granted to our son/daughter _____ to participate in the On-the-Job Training Program that is a requirement in the course _____, under the College of _____. We understand that the said skills training will cover _____ training hours, which will be conducted in _____, located _____ at _____, from _____, 20__.

We are aware that the Teacher-in-Charge will conduct visitation and monitor the performance of the student, and that the immediate superior within the company will take all the necessary precautions to keep the student safe.

However, if despite all efforts taken, untoward incidents beyond their control occur, we will not hold De La Salle Lipa and the company where our son/daughter took On-the-Job Training liable.

Parent / Guardian
Signature Over Printed Name

Date