

WAIVER AND RELEASE OF LIABILITY

(FOR PARENTS WHO REQUEST THAT THEIR CHILD BE ACCOMODATED IN CAMPUS DORMITORY HOUSING DURING THE COVID-19 PANDEMIC)

I, _____, of legal age, single/married, with address at _____, depose and state that:

1. I am the parent of _____, a student of Silliman University;

2. I acknowledge that classes in Silliman University for the 1st semester of school year 2023-2024, and for periods that may be hereafter announced, will be held online or through blended/flexible means as a way of mitigating the effects of Covid-19;

3. Notwithstanding the foregoing fact, I have requested Silliman University to accommodate my child in a campus residential unit/dormitory for the duration of school year 2023-2024;

3. I recognize that Silliman University has Covid-19 protocols that apply to all its personnel, students and campus residents;

4. I agree that my child shall be bound by such protocols, which includes regulated/limited access to off-campus areas;

5. Despite the existence of such protocols, I am aware that my child is not impervious to Covid-19 exposure;

6. Consequently, I agree that I am personally responsible for the safety and actions of my aforementioned child while he/she is staying in Silliman University;

7. With full awareness and appreciation of the risks faced by my child while he/she is residing in a place not his/her home during a pandemic, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue Silliman University, its board members, officers, employees, successors, and assigns from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child arising from Covid-19 in course of his stay and study in Silliman University;

8. I further agree to indemnify, defend, and hold harmless Silliman University from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney's fees) arising either directly or indirectly from or related to any and all claims due to bodily injury, death, loss of use, monetary loss, or any other injury related to Covid-19;

9. By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Wavier of Liability shall be governed by and construed in accordance with Philippine law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Wavier of Liability as a whole;

10. It is understood that this Waiver and Release of Liability shall not be construed as an admission of liability by Silliman University, and that any such admission is hereby expressly denied.

SIGNED ON the date and place stated below.

(Signature over printed name)

Government-issued Identification Card
with Date of Expiry and Place of Issue
Signed in the presence of:

ACKNOWLEDGMENT

BEFORE ME, a Notary Public for and in the _____, this _____, personally appeared the aforementioned person known to me and to me known to be the same person who executed the foregoing Waiver of Liability consisting of two (2) pages including the page on which this Acknowledgment is written, and who acknowledged to me that the same is their free and voluntary act and deed.

IN WITNESS WHEREOF, I have placed my hand and seal on the date and at the place first above-written.

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