

PARENTAL CONSENT & WAIVER

I, _____, Filipino, of legal age and with residence address at _____, hereby declare and affirm that:

- 1 I am the parent/guardian of _____ (hereinafter "Child/Ward"), who is under my care and responsibility.
- 2 I hereby give my consent and authority to my Child/Ward to participate in the _____ (the "Activity/Clinic") organized by _____ (the "Organizer") to be held on _____.
- 3 I hereby declare and confirm that my Child/Ward is physically fit to participate and take part in the Activity and that he/she has no known illness, physical defect, or adverse medical condition that would render him/her unfit to participate therein. Should I subsequently discover any illness, physical defect, or adverse medical condition that would render my Child/Ward unfit to participate in the Activity, I shall accordingly prevent my Child/Ward from participating in said Activity, and I shall immediately advise the organizer in writing.
- 4 I hereby authorize the Organizer and/or the Activity sponsor/s to use my Child's/Ward's name, photographs, and interviews in connection with the Activity, in broadcast and print media, videotapes, etc. without any consideration, monetary or otherwise.
- 5 I hereby give my consent for the Organizer to:
 - a. Obtain, collect, examine, process, and store copies of my and/or my Child/Ward's personal information, including sensitive personal information, in connection with his/her participation in the Activity as may be deemed necessary by Organizer. Except as otherwise stated herein, any information obtained relative to the authority herein given shall be strictly confidential. The extent of the collection and processing shall be necessary and incidental to the performance of the services contemplated in the Agreement.
 - b. Disclose such information to its, its representatives, sponsors, affiliates, and agents, including service providers which will perform the services contemplated in the Agreement, for any legitimate purpose as Organizer may deem appropriate, including but not limited to outsourced processing of transactions, profiling or historical statistical analysis, providing advice or information which organizer believes may be of interest to me, to effectively administer or manage my Child/Ward's participation in the Activity, enhance customer services, or to communicate with me for any purpose.
- 6 I hereby warrant that we understand our rights and obligations pursuant to the Data Privacy Act and its implementing rules and regulations. I understand that I and my Child/Ward retain the right to be informed, to object, access, complain, and rectify, to request for filtering of certain information, and to the corresponding damages in case of violation of our rights within the corresponding limitations as set forth in the pertinent laws.
- 7 I acknowledge that the Activity is conducted and managed solely by the Organizer.
- 8 My Child/Ward and I shall abide by the decision of the Organizer on any issue relative to his/her participation in the Activity, including but not limited to, official calls, judgments and the interpretation of rules governing the Activity, and shall accept as final any decision of the Organizer regarding any dispute over such rules or regarding the manner of holding the Activity.
- 9 On behalf of my Child/Ward, I shall hold the Organizer and its sponsor free and harmless from any and all claims arising from any incident, accident, damage, injury, or harm that I or my Child/Ward may suffer as a result of my Child's/Ward's participation in the Activity.
- 10 I authorize my Child/Ward and allow him/her to participate in product sampling activities that may be conducted by sponsor/s in the course of the Activity.
- 11 I hereby confirm my presence or that of my representative, Mr./Mrs. _____ during the Activity.

I hereby declare that I have executed this document willingly, freely and voluntarily.

Signed this _____ day of _____ 2019 at _____.

Printed Name & Signature of Parent/Guardian

Printed Name & Signature of Child/Ward

SIGNED IN THE PRESENCE OF:

Printed Name & Signature of Witness

Printed Name & Signature of Witness



R E S P E C T



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CONTACT DETAILS OF ORGANIZERS



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PLEASE PRINT LEGIBLY IN BLOCK LETTERS

NICK NAME

FIRST NAME

LAST NAME

BIRTHDATE
MM/DD/YYYY

AGE

ADDRESS

MOBILE NO.

TEL. NO.

EMAIL ADDRESS

SCHOOL

FATHER'S NAME

MOBILE NO.

EMAIL ADDRESS

MOTHER'S NAME

MOBILE NO.

EMAIL ADDRESS

