

# 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 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 understand that personal information shall be collected from me by the Organizer and processed for the purposes of organizing and running the Activity and engaging with me as a consumer of the Activity sponsor's products or services. I understand that such information may be shared by the Organizer with the Activity sponsor and other third parties who will administer services that are relevant to the foregoing purposes.
6. I acknowledge that the Activity is conducted and managed solely by the Organizer. I understand that NPI is the sponsor of the Activity but is not involved in the formulation and implementation of the rules governing the Activity.
7. 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.
8. On behalf of my Child/Ward, I shall hold the Activity sponsor, NPI, and the Organizer 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.
9. I am fully aware that NPI, as the sponsor of the Activity, will conduct MILO product samplings during the Activity. Accordingly, I hereby fully authorize my Child/Ward and allow him/her to participate in the said MILO sampling activity and to avail of the MILO sampling products in the course of the Activity.
10. 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 \_\_\_\_\_ 2018 at \_\_\_\_\_.

\_\_\_\_\_

Printed Name & Signature of Parent/Guardian

\_\_\_\_\_

Printed Name & Signature of Child/Ward

SIGNED IN THE PRESENCE OF:

\_\_\_\_\_

\_\_\_\_\_



# PATIENCE



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Per DOH-FDA CFRR Permit No. 0093 s.2018



# CONTACT DETAILS OF ORGANIZERS



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# REGISTRATION FORM

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

\_\_\_\_\_

GRADE

\_\_\_\_\_

SECTION

FATHER'S NAME

\_\_\_\_\_

MOBILE NO.

EMAIL ADDRESS

\_\_\_\_\_

MOTHER'S NAME

\_\_\_\_\_

MOBILE NO.

EMAIL ADDRESS

\_\_\_\_\_

