



**ILOILO DOCTORS' COLLEGE**  
West Avenue, Molo, Iloilo City  
Tel. No. 335-8262

**Academic/ Non-Academic Off Campus Activity  
Waiver of Liability and Hold Harmless Agreement**

I, the undersigned participant, am requesting participation in the Iloilo Doctors' College,

\_\_\_\_\_  
(Name of department and college)

Activity: \_\_\_\_\_  
that begins on \_\_\_\_\_ and ends on \_\_\_\_\_

In consideration of my voluntary participation in the above captioned activity, I hereby waive all claims of action against Iloilo Doctors' College and its auxiliary organizations; and their officers, directors, employees, and agents of all which are collectively hereinafter referred to as the "College" arising out of my participation in the activity and hereby release, hold harmless, and discharge the College from all liability in Connection therewith.

Knowing, understanding, and fully appreciating all possible risk, I hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my participation in this activity. These risks could result in damage to property, personal and/or bodily injury or death.

I have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the College is knowingly given up in return for allowing my participation in the activity.

My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent's/Guardian's signature over printed name  
(if participant is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Instructor's Name