**PARENT’S/GUARDIAN’S CONSENT/WAIVER**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEAR PARENT/GUARDIAN,**

**RE: CONSENT FOR STUDENT PUBLICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at

 *(name of parent/guardian)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant my consent for my child

 *(address of parent/guardian)*

, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this particular activity

 *(name of participating student)*

 organized or endorsed by the university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(name of activity)*

I acknowledge that I have been duly informed of the nature of these activities and the potential risks involved. I understand that TSU will take all reasonable precautions to ensure the safety and well-being of the students during these activities. I am aware that unforeseen and uncontrollable events may occur, and I accept the associated risks.

Furthermore, I recognize that TSU acts in loco parentis, assuming a duty of care towards its students. The university assures that it will exercise due diligence to minimize possible risks and create a safe environment for all participants.

In the event of an emergency or unforeseen circumstances, I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(name of faculty/adviser)*

 and its designated representatives to take necessary actions, including seeking medical attention for my child. I understand that every effort will be made to contact me or the emergency contact person listed below in such situations.

Emergency Contact Name:

Relationship to Student:

Contact Number(s):

I hereby release TSU, its officers, employees, and representatives from any liability for personal injury, property damage, or wrongful death that may occur as a result of my child's participation in the activity, EXCEPT where such injury, damage, or death is caused by the gross negligence or willful misconduct of TSU. I declare that I have read and understood the terms of this consent form, and I willingly grant permission for my child to participate in university activities.

Full Name of Parent/Guardian and signature:

Date:

Full Name of Student:

Student ID/Registration Number:

Please return the signed consent form to the University/Organization by \_\_\_\_\_\_\_\_\_\_\_\_ (date). Failure to submit this form may result in the student's exclusion from participating in the activity.

Thank you for your cooperation and support in ensuring a safe and enriching experience for our students.