**PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Visitor(s) Name:

*(aged 5-12):*

Parent/Guardian’s Name:

Home Address:

Cellphone No.:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission for my child/ children to visit the TSU

 *Parent/guardian’s name*

lagoon on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *date of visit*

As a parent and/or legal guardian, I remain legally responsible for any personal activities taken by the above-named visitor(s). I am giving my full coordination and cooperation to the TSU’s rules and regulations and I agree to the following guidelines:

1. Read the health and safety protocols before visiting the lagoon.
2. Follow the health and safety protocols set by the university during the visit.
3. TSU is not accountable if the visitor(s) is/are sick/ill.
4. TSU is not responsible to any lost belongings by the visitor(s).
5. TSU is not liable to any incident/accident that will occur during the visit.

**DECLARATION AND DATA PRIVACY CONSENT FORM**

The information I have given above are true, correct, and complete. I understand that failure to answer any question or giving false information can be penalized in accordance with the law.

I voluntarily and freely consent to the collection and sharing of the above personal information only in relation to the university’s COVID-19 internal protocols.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian’s Signature Over Printed Name Date