



Health Declaration Waiver

I, _____, declare that the information provided regarding my health is true and complete.

I acknowledge that participating in _____ may involve health risks. I voluntarily assume full responsibility for any risk, loss, property damage, or personal injury that may be sustained, arising out of or in connection with my participation.

I hereby waive and release the City College of Cagayan de Oro from any liability for any injuries or health issues arising from my participation in this activity.

I agree to indemnify and hold harmless the City College of Cagayan de Oro from any claims arising out of my participation.

Participant's Name and Signature

Date: _____

Noted by:

AIM HIGHER

