MAPÚA UNIVERSITY	INTERNATIONAL EXCHANGE STUDENT PROGRAM AGREEMENT AND LIABILITY WAIVER (OUTBOUND)	Document No. : FM-CS-06-02 Effective Date: October 28, 2019

NAME:	STUDENT NO:	PROGRAM:	PASSPORT NO:
DEAN AND/OR PROGRAM CHAIR:			DATE:

I do hereby voluntarily undergo Exchange-Student Program at _____ hereinafter referred to as the Host-Institution located in _____, under the following terms and conditions:

a. That the total number of months required of/for me to complete my exchange program is _____;

b. That I shall abide by [Host-Institution] rules and regulations and comply with those imposed for the exchange program, otherwise I shall be excluded from further participation;

c. That in the course of my exchange program, I may have access to information which may be of a confidential nature and proprietary to [Host-Institution], for which I may be required to execute a confidentiality and non-disclosure agreement as a pre-requisite to my participation in the exchange program;

d. That I shall personally be made answerable for any and all liabilities for damage to property or injury to third person, which may be occasioned by my intentional or negligent acts during the course of my exchange program

e. That I shall likewise hold [Host-Institution] and Mapúa free and harmless from any and all liability and responsibility for any sickness or injury to myself and third parties and damage to property which I may sustain and/or may occur at any time during the exchange program period including time spent in traveling to and from any and all premises and locations where I may be required to go to as part of my exchange program;

f. That [Host-Institution] reserves the right to discontinue my participation on reasonable grounds upon written notice to MAPUA.

g. That MAPUA may likewise terminate my exchange program and withdraw my participation thereto on reasonable grounds and after a written notice to [Host-Institution] and to myself;

h. That in addition to my liability under section (e) and for the pre-termination of my exchange program provided for under sections (f) and (g) hereof, I may be subjected further to disciplinary action in accordance with the school's student manual and/or be a ground for disqualification from graduation.

i. That I hereby allow Mapúa to use and release the above information for legitimate purposes specifically for participation in the University's international student exchange program and shall be processed by authorized personnel in accordance with the Data Privacy Policy of the University.

IN THE WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, ____, in the City of Manila, Philippines.

_____
Signature over printed name
Student Trainee

STUDENT: _____ SIGNATURE: _____ DATE: _____

WITH OUR CONSENT:
I am well aware of the conditions that my child has to partake for this program.

_____
Signature over printed name
Parent/Guardian

APPROVALS:

_____
Program Chair
School

_____
Dean
School

ENGR. ROSETTE EIRA ESPEJO-CAMUS
Director
Office of International Career and Exchange Programs

STUDENT: _____ SIGNATURE: _____ DATE: _____