
LIABILITY WAIVER FORM

I, _____, _____ years of age, of my own free will, have decided to participate in the Athletic Try-outs for the sport: _____ at Mapúa Malayan Colleges Laguna and hereby certify that I am mentally and physically fit to participate and acknowledge the risks involved in the said activities.

I acknowledge that participation in the try-outs carries certain risks and agree to release all coaches, school officials, and other participants from any responsibility for any injury or illness that may occur.

Signed this _____ day of _____, 2025.

Signature over Printed Name of Student

***For Students of Minor Age:**

Signature over Printed Name of Guardian