

Release/Waiver of Liability

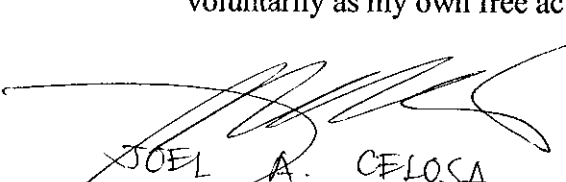
I, (name) AMOR A. SEE, swear that I am participating voluntarily in the Citizen Participatory Audit on the Barangay Health Stations in (province/region) CAMARINES SUR - Region 5 and that all risks have been made clear to me.

I hereby execute this Waiver/Release under the following terms:

1. I, the Participant, release and forever discharge and hold harmless COA, its officials and/or authorized representatives from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my being a Participant;
2. I understand and acknowledge that this Waiver/Release discharges COA from any liability or claim that I, the Participant, may have against COA with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the Citizen Participatory Audit on the Barangay Health Stations in (region) REGION 5, regardless of whether the same are caused by negligence or fault.
3. I understand that COA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage;
4. I understand that as a Participant, the activities may contain risk and cause injury or damage to my physical condition or health. I also understand that my safety is primarily my own responsibility;
5. I agree to make sure that I know how to safely participate in the activities, observe any rules and practices that may be employed to minimize the risk of injury and refrain from any and all actions that would pose a hazard to myself or others;
6. It is my express intent that this Waiver/Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release/waiver not to sue COA, its officials and/or authorized representatives;
7. I expressly agree that this Waiver/Release is intended to be as broad and inclusive as permitted by the laws of the Republic of the Philippines, and that this Waiver/Release shall be governed by and interpreted in accordance with the laws of the Republic of the Philippines;
8. I agree that in the event that any clause or provision of this Waiver/Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause

or provision shall not otherwise affect the remaining provisions of this Waiver/Release which shall continue to be enforceable; and

9. I certify that I have read this document and I fully understand its content. Also, I am aware that this is a Waiver/Release of Liability and a contract and I signed it voluntarily as my own free act and deed.


JOEL A. CELOSA
WITNESS

Amor ^{see} A. SEE

(name)

SUBSCRIBED AND SWORN to before me, this ___ day of _____ 2016 at _____ City, by (name) _____, who exhibited to me his/her _____ ID No. _____ issued at _____ on _____.

Notary Public

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____;