**STUDENT PARTICIPATION AGREEMENT FOR OFF-CAMPUS ACADEMIC FIELD ACTIVITIES**

This agreement is made by and between the University of the Philippines Diliman, under the representation of the Faculty-In-Charge (FIC) named below, and the student, to protect the latter for his/her participation in academic field activities (AFAs).

**Instructions:**

1. All students participating in off-campus AFAs must accomplish this agreement.
2. Read the information provided in the Student Participation Agreement.
3. Accomplish the necessary information regarding one’s participation in the off-campus AFA to be conducted by the academic unit for the given semester and academic year.
4. Submit the accomplished Student Participation Agreement (SPA) to the FIC on time.
5. The FIC or the academic unit shall keep all accomplished SPAs. These SPAs are important for documentation, especially in the event of any untoward incident during the implementation of AFA.

**Student’s Profile**

| **Full Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Student Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- | --- |
| **College:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Degree Program:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Department:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Birthdate:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Emergency Contact and Relation to Student:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Contact Details of Emergency Contact (Email/Mobile):** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Information on AFA**

| **Course Code:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Section:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- | --- |
| **Faculty-In-Charge:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Date/s and Time/s of AFA:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Terms of Agreement**

1. **Acknowledgment of benefits and relevance to the course:** I acknowledge that I have been previously informed of the facts and circumstances surrounding the AFA. I am aware that the conduct of the AFA is in accordance with the IATF, CHED, and UPD F2F Guidelines to ensure the security and safety of the University’s constituents. I further recognize the relevance of the AFA to my course and/or degree program. I understand and accept the benefits and advantages of my participation in developing and complementing my learning and competencies as a student, which are:

| **LIST OF ACTIVITIES** | **BENEFIT(S) PER ACTIVITY** |
| --- | --- |
| *Examples: Field work; Recital; Practical exam* | *Additional learning of the lesson or course* |
| 1. |  |
| 2. |  |

*(add more rows as necessary)*

1. **Acknowledgment of challenges**: I understand that the University, under the representation of the FIC, has taken precautionary measures to ensure my safety and security in the facilitation and completion of this AFA. However, I am aware that my participation in this activity carries with it certain challenges and liabilities that cannot be eliminated regardless of the care taken to avoid these. I acknowledge and accept that the particular activities bear many possible challenges that may be brought about by participating in the AFA.
2. **Acknowledgment of responsibility**: I understand that it is my responsibility to learn as much as possible about the challenges of the AFA, to weigh those challenges against the benefits, and to decide whether to voluntarily participate or not. I also understand that I, as a participant in this activity, am also a member of the University’s community and that I pledge to conduct myself in accordance with all applicable guidelines, regulations, and policies of the University and College, as well as the governing laws of the Philippines.
3. **Fitness to participate.** I hereby confirm that I am physically and mentally fit to participate in this field activity. I informed the corresponding FIC of any pre-existing medical condition that I have. I consequently received medical clearance and will follow the advice of health experts concerning the avoidance of health risks and the treatment of any medical condition during this activity.

**I certify that I have carefully read the preceding agreement and that I voluntarily join the agreement without reservation. I also hereby certify that I have medical insurance that covers medical expenses and other surgical emergencies. By my signature, I acknowledge that I am voluntarily executing this agreement of my own free will and I recognize my responsibility for reading, understanding, and abiding by the conditions printed in this document.**

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

**Student’s Signature over Printed Name**

**Date Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Noted by:**

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

Signature over printed name

Adviser/Faculty-in-Charge

**Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **I certify that I am the parent or legal guardian of the above-named participant in this academic field activity. I have read the above agreement, understood its contents, assent to its terms and conditions, and signed this agreement of my own free act. I acknowledge that my dependent/spouse and I have agreed to the terms and conditions of my dependent/spouse’s participation in this activity. I hereby give consent to his/her participation.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent / Guardian / Spouse’s Signature Above Printed Name**  **Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |