



OJT/DTS/SHS LEARNERS WAIVER

I, _____
(Last Name) (First Name) (Middle Name)

trainee in _____ of the _____
(Course/Trade Area) (School or University)

voluntarily applies for **OJT/ DTS/ SHS Learners** at _____
under the following terms and conditions: **(Name of Company)**

I am responsible for my acts during the length of training:

1. I am aware that the Subic Bay Metropolitan Authority (SBMA) shall not be responsible for loss, damage or injury of whatever kind or nature to persons and properties arising from my participation and observance of any kind of activity or use to facilities for the entire period of my **OJT/DTS/SHS Learners** within the SBFZ premises.
2. I shall abide with the company rules and regulations and shall comply with the requirements of the program. Otherwise, I can be excluded anytime from further participation in the said training program;
3. There is no employer-employee relationship or promise that such a relationship will be established in the future between and the Company while on training status, even if, for some reason or another, I may be granted later with monetary allowance or other form of benefits or remuneration.
4. I shall exercise due diligence and care to any task assigned to me and I shall be made answerable for any damages caused to property or injury to third persons as occasioned by my intentional or negligent acts committed during this training period.
5. In the event that I will be hired as employee of the company, I shall submit a Certification from the school/college or university that I have satisfactorily completed with all the requirements relating to **OJT/ DTS/ SHS Learners** and all other relevant requirements of the school/college/university to the SBMA Labor Department within seven (7) days prior to the said employment.
6. In the event of any violation of the above provisions, it is understood that the SBMA Labor Department can deny or disapprove the issuance of my gate pass or ID for the purpose of employment within the Zone and shall hold the SBMA or any of its employees or officials free from any liability or damage arising from the said denial of my gate pass/ID.
7. That I shall strictly follow and observe all Anti COVID 19 protocols (wearing of face mask, face shield, proper hand washing/sanitizing, social/physical distancing and temperature check as well as other restrictions as imposed by the company/SBMA pursuant to Department of Health (DOH) Administrative Order no. 2020-0015 and in relation to the provision of the Joint Memorandum Circular No. 20-04A issued by Department of Trade and Industry (DTI) and Department of Labor and Employment (DOLE)
8. That I further warrant that I will institute no action, if any, against SBMA, Labor Department, its Chairman, and its Board of Directors and other officers, in the event that I will be found positive of DOVID 19 during the duration of the training program

(Signature of Trainee Over Printed Name)

CONFORME:

Signature of Parent/Guardian Over Printed Name

Signature of the Company's Authorized Representative & Designation