



De La Salle Santiago Zobel School

Ayala Alabang Village, Muntinlupa City, Philippines 1780, Tel. No.: 771-DLSZ Website: www.dlszobel.edu.ph

November 25, 2015

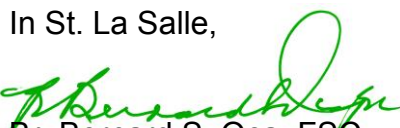
DRRM SEMINAR ATTENDANCE SURVEY AND TRACKING FORM

Dear Parents and Guardians of De La Salle Santiago Zobel School (**DLSZ**):

As we have previously emphasized, the attendance of DLSZ parents and guardians at a seminar (**DRRM Seminar**) on DLSZ's disaster risk reduction management plan (**DRRM Plan**) conducted by Foresight Life Resilience Corporation (**Foresight**) is crucial to the effective implementation of the DRRM Plan. Because some parents and guardians have not attended a DRRM Seminar as of this date, we request that you fill out and return attached form to us through your children's class adviser by **December 1, 2015**. Your response will help us schedule additional seminars and finalize and implement the DRRM Plan. For more information regarding the DRRM Seminar, please see our FAQ's and Supplemental FAQ's at <http://www.dlszobel.edu.ph/?p=10313>. . Thank you for your cooperation.

For further queries, you may contact the Advancement & Communications Office at 7713579 loc. 748.

In St. La Salle,


Br. Bernard S. Oca, FSC
President

DLSZ DRRM SEMINAR ATTENDANCE SURVEY & TRACKING FORM

Please check the appropriate box (one box) and follow relevant instructions:

- ☐ One or more members of our family or household attended the DRRM Seminar held on _____ (date/s).
- ☐ No one in our family or household has attended a DRRM Seminar because of scheduling constraints, but a member of our family or household will attend a DRRM Seminar held on any of the following dates:
 - ☐ December __, 2015 ☐ January __, 2016 ☐ January __, 2016
 - ☐ _____ (please indicate available date and time)

By indicating a date or the dates above, we understand that the administrators of DLSZ will exert best effort (subject to Foresight's schedule and without making any commitment) to make arrangements for Foresight to conduct a DRRM Seminar on any such date/s, and we undertake to attend a DRRM Seminar if one will be held on any such dates. .

- ☐ No one in our family or household has attended a DRRM Seminar because of financial constraints. A member of our family or household will attend if the seminar fees will be discounted or waived. Subject to our submission of a duly accomplished and signed written request in the request form provided (**Request Form**) (see attached) by **December 1, 2015**, we request that the seminar fees be discounted or waived. In making such request, we understand that DLSZ will evaluate each Request Form on a case-by-case basis and has the sole right to grant or deny the request for waiver or discount.
- ☐ No one in our family or household will attend a DRRM Seminar because we believe that we do not need to attend one. Therefore, we hereby notify the school that we will not attend a DRRM Seminar nor pay seminar fees despite DLSZ's instructions regarding the importance of the DRRM Seminar. By signing this form, we hereby represent that we fully understand the risks and consequences of our non-attendance, i.e., in case of a disaster or emergency, it is possible that our family will not be able to act based on or according to the DRRM Plan and may be exposed to heightened risks that may arise from the disaster or emergency. We acknowledge that DLSZ, through its officers, staff, representatives or volunteer parents, have exerted best effort to explain to us the risk and consequences of our non-attendance. IN LIGHT OF OUR DECISION NOT TO ATTEND THE DRRM SEMINAR, WE HEREBY CLEAR OR RELEASE DLSZ AND ITS FACULTY AND ADMINISTRATION FROM ANY AND ALL CLAIMS, INJURIES, LIABILITIES, DAMAGES OR CONSEQUENCES THAT MAY ARISE OR RESULT FROM, DIRECTLY OR INDIRECTLY, OUR LACK OF INFORMATION ON THE DRRM PLAN, AND WE HEREBY AGREE TO AND WILL INDEMNIFY DLSZ AND ITS FACULTY AND ADMINISTRATION FOR ANY CLAIMS OR LAWSUITS AGAINST THEM FOR ANY INJURY, DAMAGES OR LIABILITIES THAT MAY ARISE OR RESULT FROM, DIRECTLY OR INDIRECTLY, OUR LACK OF KNOWLEDGE OF THE DRRM PLAN AND OUR BEING UNPREPARED FOR DISASTERS AND EMERGENCIES.

Signed, as of this ____ day of _____, 2015.

Child's Name and Level/Section (use backside or extra paper for additional students)	Parent's/Guardian's Printed Name & Signature
Date: _____	

. FAILURE TO RETURN THIS FORM DULY FILLED OUT AND SIGNED BY DECEMBER 1, 2015 WILL BE CONSTRUED AS THE PARENTS' OR GUARDIANS' ACCEPTANCE OF HIS/HER RESPONSIBILITY AND COMMITMENT TO ATTEND A DRRM SEMINAR AND PAY THE SEMINAR FEES