



# Filam Career Center Corp

1499 Old Bayshore Hwy, Ste 110, Burlingame, CA 94010  
Phone (650)419-2323, (650)771-2345, (650)771-8126 Fax: (650)475-7121  
Websites: www.Filamnursing.com / www.filamnursing.org  
Email: alcabusas@nursingdlc.com

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## Related Learning Experience (RLE)

### WAIVER FORM

Participant's Name : \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time : \_\_\_\_\_

Program: (Check) LVN  BSN

I understand that I hold the Filam Career Center Corp (FCCC), its officers, employees and agents, harmless from all liability and claims, arising out of or in connection with my participation in any activity outside my Related Learning Experience (RLE) or practicum to be done in Cebu City, Philippines.

I hereby release and discharge the FCCC from all liability arising out of or in connection with the above-described activity.

In the event of any illness or injury, I hereby consent to whatever laboratory tests or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare.

It is understood that the resulting expenses will be the responsibility of the participant.

Done this \_\_\_\_\_th day of \_\_\_\_\_, 20\_\_\_\_.

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Student Signature (Date)

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FCCC Staff