

GUARDIAN PERMISSION – PLEASE READ AND SIGN WHERE INDICATED

I hereby give consent for my son's/daughter's participation in the **"Kinesiology and Health Studies, Who Are We?"** event and related activities on campus.

I understand that the programming may include physical activity in the form of a variety of sports and recreational activities. I agree that the Faculty of Kinesiology and Health Studies and the University of Regina will not be held liable for any injury to my son/daughter, or loss or damage to my son's/daughter's personal property. In consideration of my son/daughter being allowed to participate in the "Kinesiology and Health Studies, Who Are We?" event, I, the parent/guardian of the son/daughter, on my own behalf and on behalf of my son/daughter, waive all present and future claims against the Faculty of Kinesiology and Health Studies and the University of Regina, and its directors, Board of Governors, employees, officers, servants, representatives, insurers and agents (and their respective successors and assigns) (collectively, the "Releasees") and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including negligence of any one or more of the Releasees), arising out of or in connection with my son's/daughter's participation in the "Kinesiology and Health Studies, Who Are We?" event. I, on my own behalf and on behalf of my son/daughter, also agree to indemnify the Releasees for, on account of or by reason of any claim advanced against any of them, or any loss or damage sustained by them, arising out of my son's/daughter's participation in the "Kinesiology and Health Studies, Who Are We?" event.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment/services necessary to maintain the health of my son/daughter. In the event of medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to the University.

I understand that the University of Regina collects information under the authority of *The University of Regina Act*, and in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act* (Saskatchewan) and the *Personal Information Protection and Electronic Documents Act* (Canada), for purposes of recruitment, admission, registration, and the administration of the University and its programs and services. Some of this information may be reported as required by federal or provincial authority. By enrolling in the "Kinesiology and Health Studies, Who Are We?" event at the University of Regina, I consent to the collection, use, and disclosure of my son's/daughter's personal information as described above.

____ (please initial) **I agree to photographs and/or video coverage of my son/daughter during the "Kinesiology and Health Studies, Who Are We?" event, and understand that they may be used in future event promotion and follow-up media.**

I have read and understood the terms of this agreement and BY ALLOWING MY SON/DAUGHTER to participate in the "Kinesiology and Health Studies, Who Are We?" event on campus, I am voluntarily agreeing to abide to these terms. I confirm that the participant [my son/daughter] is physically able to participate in all activities of the "Kinesiology and Health Studies, Who Are We?" event.

My son/daughter has the following medical conditions, which may require care on campus or which program personnel should be aware of:

I agree to the terms and conditions outlined in this Guardian Permission.

Son's/daughter's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

Email: _____