Withdraw/Refund Policy: There will be a 10% withdrawal refund fee assessed for all withdrawal refund requests. A 50% withdrawal refund fee will be assessed for withdrawal refunds requested within 14 days of the program start date. There will not be any refunds issued after the start of any program except for relocation out of the City of Regina and surrounding areas within 50 kilometers or for medical reasons confirmed by a doctor’s note. If it is a medical or relocation withdrawal, a prorated refund less the $15.00 withdrawal refund fee will be assessed. The supporting doctor’s note must be received by the Recreation & Athletic Services Office within 10 days of notification of the medical withdrawal. If the medical note is **not received**, the refund will not be issued. If your child or ward is asked to leave the program by the University of Regina, a prorated refund will be provided.

Refunds will be issued within 14 days of withdrawal. If it is a medical withdrawal, refunds will be issued no later than 14 days after the doctor’s note is received barring any refund issues such as expired credit card or other. To withdraw from a program, please contact the Recreation & Athletic Services office in person or by calling (306)585-4371.

Program Cancellations and Closures: Please note that programs may be cancelled for any reason by the University of Regina either for a specific class date or in its entirety. If a program is cancelled in its entirety, a pro-rated refund will be provided. If a specific class date within the program is cancelled, a make-up class may be provided. Please note that this may not always be possible. The University of Regina is closed on all statutory holidays as well as any University of Regina closures for maintenance or other reasons. This includes the period from December 25 to January 1 inclusive.

Transfer Policy: Transfers are allowed within the same program area up to one day prior to the start date of the program, space permitting. An example of this is if the original registration is in Summer Sports School, the registrant may transfer into another Summer Sports School program but not into a Cougar Camp. Registrants may transfer with **no charge** up to 3 days after they registered in the program. A $10.00 fee will be assessed for all transfers after the three day grace period. No transfers are allowed after the start date of the program.

Electronic Devices: Cell phone or other electronic devices are not permitted in the locker room areas.

**RELEASE, WAIVER, CONSENT and INDEMNIFICATION FORM**

I hereby give consent for ("my Child") or ("my ward") to participate in the Program and/or Services offered through the University of Regina (the "University").

I understand that there are inherent risks, dangers, hazards and liabilities to all participants participating in the Program. I understand that the Program includes physical activity in the form of a variety of sports and recreational activities. I confirm that participation in this program is voluntary. I confirm that my Child is physically and mentally capable of participating in the Program.

On my own behalf and on behalf of my Child I hereby waive all present and future claims against the University, and its directors, Board of Governors, employees, officers, servants, instructors, representatives, insurers and agents (and their respective successors and assigns) (collectively, the "**Releasees**") and hereby release the Releasees from and against any and all liabilities, losses, damages, claims, actions and/or causes of action, 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 as a result of negligence of any one or more of the Releasees), arising out of or in connection with the Program or my Child's participation in the Program.

In case of an emergency regarding my Child, I understand every effort will be made to contact me. I hereby give permission to University staff, licensed emergency and health care personnel to provide treatment/services they deem necessary with respect to my Child. 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 all medical information provided by the Guardian/Parent to the University 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 it is my responsibility to advise the University of Regina of any Medical Information with respect to my Child that the University staff should be aware of. I understand and agree that the University will disclose this medical information as required to appropriate University staff. I understand that the University staff may not be medical professionals. I agree that my Child is medically fit to participate in the Program. I understand that medical and/or personal information will be stored in a University database and/or in paper form at a physical location at the University.

I consent to have my child's photo taken and published. Photos or videos may be used for promotional purposes in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use. I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photographs and/or videos.

I understand that the University collects and creates information about individuals (“personal 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 the administration of the University and its programs and services. Some of this information may be reported as required by federal or provincial authority. I consent to the collection, use and disclosure of my Child's personal information as described above.

I have read, understood and agree to the terms of this agreement. I hereby execute this release, waiver and indemnification on my own behalf, on behalf of the Participant, and on behalf of our respective heirs, successors, representatives and assigns and I knowingly assume any inherent risks of the Program.