

Kinesiology & Health Studies Parent/Guardian Waiver

I hereby give consent for my child(ren) (my Child or Children) to participate in the Program offered through the Faculty of Kinesiology & Health Studies at 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 may include physical activity in the form of a variety of sports and recreational activities. I confirm that my Child(ren) is (are) physically and mentally capable of participating in the Program.

On my own behalf and on behalf of my Child(ren) 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(ren)'s participation in the Program.

In case of emergency regarding my Child(ren), 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 University of Regina staff, licensed emergency and health care personnel to provide treatment/services they deem necessary with respect to my Child(ren). 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 and the Medical Information Release 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 it is my responsibility to advise the University of Regina of any Medical Information with respect to my Child(ren) that the University of Regina staff should be aware of. I understand and agree that the University of Regina will disclose this medical information as required to appropriate staff. I understand that the University of Regina employees are not medical professionals. I agree that my child(ren) are medically fit to participate in the Program. I understand that medical information may be stored in a University of Regina database and/or in paper form in a physical location at the University of Regina.

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 of Regina 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(ren)'s personal information as described above.

Child's Name: (Please Print) _____

Child's Name: (Please Print) _____

Child's Name: (Please Print) _____

Parent/Guardian Name: (Please Print) _____

Parent/Guardian Signature: _____ Date: _____