



**This form may be signed and returned prior to the start of you or your child’s program or presented to the instructor on the first day upon arrival.**

**Attn: General Office  
 College of Kinesiology  
 University of Saskatchewan  
 Rm 222, 87 Campus Drive  
 Saskatoon, SK S7N 5B2**

**INFORMED CONSENT**

**VALID THROUGH SEPTEMBER 1<sup>st</sup>, 2018 TO AUGUST 31<sup>st</sup>, 2019**

As a condition of registration, the registrant and/or the parent/guardian agrees that the University of Saskatchewan will not be held responsible for any accidents or losses, however caused, and agrees to release the same from all claims or damages which may arise as a result of such accident or loss. I hereby acknowledge that certain risks of injury are inherent in participation in any physical activity program/course and assumption of those risks and results that may be associated with my participation or that of my child are understood.

The participant and parent/guardian knows to the best of their knowledge that the participant is physically and mentally able to participate and to disclose any necessary medical information that you feel the University of Saskatchewan staff should be aware of. The registrant and or parent/guardian agree to grant permission for any medical services to be rendered in the event that such is needed.

The University of Saskatchewan reserves the right to assign the participant to a group most appropriate for his/her age and ability; to require any participant to withdraw from the class/camp if the participant is not acting in an appropriate and responsible manner; and to cancel any camp.

By enrolling in programs/courses at the University of Saskatchewan, students/participants/parents/guardians, consent to the collection, use and disclosure of personal information in accordance with the Saskatchewan Freedom of Information and Protection of Privacy Act (FOIPOP).

**Child/Participant Name:** \_\_\_\_\_  
 (PLEASE PRINT CLEARLY)

**E-Mail Address:** \_\_\_\_\_

**Participant Signature (If over 18 years)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_