This form must be signed and returned prior to the start of you or your child’s program or presented to the coach/manager on the first day upon arrival.

Attn: General Office
Huskie Athletics
University of Saskatchewan
Rm 222, 87 Campus Drive
Saskatoon, SK S7N 5B2

INFORMED CONSENT

VALID THROUGH AUGUST 31st, 2020 TO AUGUST 31st, 2021

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 program/team if the participant is not acting in an appropriate and responsible manner; and to cancel any program/team.

By enrolling in programs/teams 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 ____________________________