



INFORMED CONSENT

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 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 Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP).

The organizers of the College of Kinesiology's Programs may be videotaping or taking photographs of the children participating in the activities during the program sessions. This documentation may be used in future brochures, our website or posters, and may be used in Kinesiology classes or shown to sponsors of the programs. To ensure your privacy we would like your permission to include your child in these photographs.

I hereby acknowledge that I have read and understand the above statements as it pertains to myself or my dependents participation.

Medical Information

This information is collected pursuant to the Saskatchewan Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) for the purpose of ensure the health and safety of all camp participants, and will be used and disclosed by USask Rec as required for that purpose.

Health Insurance

Camp Participants are required to have a valid Provincial Health Card//Provincial Services Card **or** have medical coverage through a personal/travel insurance plan.

Please initial the box to indicate the camp participant has one of the above insurance options.

Continue to next page



Allergies

Please answer the following about the Camp Participant. Please indicate if the camp participant has:

Allergies Yes No

If yes, please list allergies:

Please indicate if the camp participant carries an Epinephrine Auto-Injector (EpiPen)*

Yes No

Physical condition or medical information

Please answer the following about the Camp Participant.

Does the camp participant have a physical or medical condition (ie asthma, requires medication, medic alert bracelet etc) that the camp staff should be aware of?

Yes No

If yes, please provide detailed information on this question below so that camp staff may assist your child as needed:

Participant Name: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____