This form must be signed and returned prior to the start of your or your child’s program by mail or in person to the following address:

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

INFORMED CONSENT  
VALID THROUGH SEPTEMBER 1, 2017 TO AUGUST 31, 2018

As a condition of registration, the registrant and/or the parent or guardian agrees that the University of Saskatchewan will not be held responsible for any accidents or loss, however caused, and agrees to release same from all claims or damages which may arise as a result of or by any reason of such accidents 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 or 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/guardians or parents, 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)

Health Card Number: ________________________________  

E-Mail Address: ______________________________________

I am/my child is participating in the following activities/programs: (Please check all that apply)

☐ Aquatics  ☐ Dance  ☐ Hockey  ☐ Campus Rec  
☐ CPR/SFA  ☐ Golf/Tennis  ☐ Huskie Sport Camps  ☐ Children’s Activity  
☐ PAAL  ☐ Tumbleweeds  ☐ Climbing Wall

Participant Signature (If over 18 years) ________________________________

Parent/Guardian Signature ________________________________

Date __________________