

## General Program Rules

The following rules are applicable to all programs offered at the University of Regina (the “University”).

The University believes in providing a safe and inclusive environment ensuring mutual respect, integrity and honesty. Our treatment of each other is principled, open, transparent, and respectful. We are a safe, healthy, and supportive community that prioritizes the well-being of our Participants. My child (or my ward<sup>1</sup>) may be removed as a Participant from a program for undesirable behavior that is in opposition to the core values of the University of Regina. No refund will be issued if the Participant is removed from the Program.

**Electronic Devices:** The Faculty of Kinesiology & Health Studies does not allow the use of electronic devices in their locker/change rooms.

**Withdrawal and Refunds:** There will be a 10% withdrawal refund fee assessed for all withdrawal refund requests. A 50% withdrawal refund fee will be assessed for withdrawal refunds requested within 14 days of the program start date. There will not be any refunds issued after the start of any program except for relocation out of the City of Regina and surrounding areas within 50 kilometers or for medical reasons. If it is a medical or relocation withdrawal, a prorated refund less the 10% withdrawal refund fee will be assessed.

**Discounts:** Discounts must occur on the same receipt (same date and time). Registrations done prior to, or at a later date are not eligible for the discount. If a participant withdraws a program that triggered the initial discount, the customer may be required to pay full price on the remaining registration(s) for other programs. This will occur if the discount no longer applies.

**Program Cancellations and Closures:** Please note that programs may be cancelled for any reason by the University of Regina either for a specific program date or in its entirety. If a program is cancelled by the University of Regina, a pro-rated refund will be provided.

**Transfer Policy:** Transfers are allowed within the same program area up to one day prior to the start date of the program, space permitting. Example: If the original registration is for Summer Sports School, the registrant may transfer into another Summer Sports School program but not into an EYES Camp or swim lesson. A \$15.00 fee will be assessed for all transfers.

**Specific Program Rules:** additional rules may apply to a specific program for which the Participant is registered. Please consult with the University via the department or faculty offering that specific program for additional rules, if any, that may apply.

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<sup>1</sup> a person, usually a minor, under the care and control of a guardian appointed by their parents or a court.

## RELEASE, WAIVER, CONSENT and INDEMNIFICATION FORM

I hereby confirm that I am the parent/guardian of and have legal responsibility for (the Participant) named above.

I hereby give consent for the Participant to participate in the Program offered through the University of Regina (the "University").

I understand that there are inherent risks, dangers, hazards and liabilities to all participants participating in programs at the University. I understand that the Program may include physical activity in the form of a variety of sports and recreational activities, involve hands on activities including laboratory experiences or other activities designed by the University. I confirm that participation in the Program is voluntary.

By signing this release, waiver, consent and indemnification form I confirm I understand what is involved in the Program and its inherent risks and that the Participant is physically and mentally capable of participating in the Program.

### Release, Indemnity and Waiver

1. Indemnity. On my own behalf and on behalf of the Participant , I hereby agree to indemnify and save harmless the University and its governors, officers, employees, students, agents and representatives from and against all losses, claims, actions, damages, liability and expenses (including any legal expenses incurred by the University) arising from or in connection with the Participant's participation in the Program. ,

2. Waiver. I WAIVE ANY AND ALL CLAIMS AGAINST, RELEASES FROM LIABILITY AND I AGREE NOT TO SUE THE UNIVERSITY, ITS GOVERNORS, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND REPRESENTATIVES (EACH A "RELEASED PARTY"), FOR ANY INJURY, INCLUDING DEATH, LOSS, PROPERTY DAMAGE OR EXPENSE SUSTAINED BY THE PARTICIPANT. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT THE PARTICIPANT FROM THE RISKS, DANGERS AND HAZARDS ARISING OUT OF, ATTRIBUTED TO PARTICIPATION IN ANY PROGRAMMING AT THE UNIVERSITY.

**WARNING:** BY SIGNING THIS WAIVER, YOU ARE GIVING UP YOUR RIGHT, AND THE RIGHT OF ALL PARTIES, TO SUE THE UNIVERSITY OF REGINA.

In case of an emergency regarding the Participant, I understand every reasonable effort will be made to contact me. I hereby give permission to University staff, licensed emergency and health care personnel to provide treatment/services they deem necessary with respect to the Participant. 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 all medical information provided by myself as the parent/guardian of the Participant to the University 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 the Participant that the

University staff should be aware of. I understand and agree that the University will disclose this medical information as required to appropriate University employees. I understand that the University staff may not be medical professionals. I agree that the Participant is medically fit to participate in the Program. I understand that medical and/or personal information will be stored in a University database and/or in paper form at a physical location at the University and will be managed in accordance with *The Health Information Protection Act* (Saskatchewan).

I understand and agree that online child and youth programs offered through the University do not provide supervision. It is my sole responsibility to provide supervision during any online program. This waiver, in its entirety, applies to all online programs offered by the University.

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), for purposes of the administration of the University 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 the Participant’s personal information as described above.

I have read, understood and agree to the terms of this Release, Waiver, Consent and Indemnification form. I hereby execute this release, waiver, consent and indemnification on my own behalf, on behalf of the Participant, and on behalf of our respective heirs, successors, representatives and assigns and I knowingly assume any inherent risks of the Program.

<b>Name of Program &amp; Program Date(s)</b>	
<b>Name of Participant</b>	
<b>Name of Parent/Guardian of Participant</b>	
<b>Participant (if 18 or older) or Parent/Guardian Signature</b>	
<b>Date</b>	