



MEMBERSHIP/PROGRAM REGISTRATION

Please have your student/photo ID ready

Name:  Last name  First name  Middle initial

Address:  Address  City  Province  Postal code

Phone:  Home phone  Work phone  Cell phone

Date of Birth:  day/month/year Email (Students must provide U of M student email):

I agree to allow the Faculty of Kinesiology and Recreation Management at the University of Manitoba to contact me by email with information and updates regarding programs, memberships, services and facility information. I may withdraw my consent at any time by contacting our customer service team at 204-474-6100, 155 Active Living Centre, University of Manitoba.

I agree to all Recreation Services terms and conditions of membership. For full membership terms and conditions please see <http://umanitoba.ca/faculties/kinrec/recreationservices/membership/terms.html>

Emergency Contact:  Last name  First name  Relationship  Phone

RELEASE AN INDEMNITY STATEMENT:

I understand that participation in programs/camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, even under the safest conditions, may be hazardous and that my participation (or that of my child(ren)) may expose Me (or my child(ren)) to elements of risk that may include loss of or damage to personal property or bodily injury such as, the possibility of internal injuries, fractures, concussions, sickness and even death. I expressly agree to accept and assume all of the associated risks.

IN CONSIDERATION of the University of Manitoba (the "University") allowing Me or my child(ren) to participate in programs/camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, I on my own behalf and on behalf of my heirs, my spouse, my child(ren) executors, administrators and assigns RELEASE the University, its respective servants, agents or employees (collectively referred to as the "University") from any liabilities, claims or actions of any nature whatsoever arising from or related to any and all injury (including death) to me or my child(ren) and/ or loss or damage to personal property arising from, or in any way resulting from participation in programs/ camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities unless such injury and/or damage is caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the scope of their duties.

I FURTHER AGREE TO INDEMNIFY the University from any and all claims, demands, or causes of which are in any way connected with my and/or my child(ren)'s participation in programs/camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, unless such claims are based upon damages caused or alleged to be caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the Scope of their duties.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

## PARENT'S OR LEGAL GUARDIANS' ADDITIONAL AGREEMENT AND INDEMNIFICATION

I further certify that I am the parent or legal guardian of the child(ren) being registered.

In consideration of my child(ren) being permitted to participate in programs/camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, I, the parent or legal guardian of my child(ren) agree on behalf of the child(ren) to the above assumptions of risk, release of liability and waiver of claims and to release, indemnify and hold harmless the University from any and all Claims which are brought by, or on behalf of my child(ren), and which are in any way connected with such participation or use by my child(ren) except where such claims and demands are caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the Scope of their duties.

## REFUND POLICY

i. All approved refunds will be pro-rated minus a \$15 (plus applicable taxes) administration fee. Refunds are permitted only if the following conditions have been satisfied:

- a. U of M Staff: must provide a record of employment indicating they are no longer employed by the U of M.
- b. General: must provide a valid medical letter indicating they can no longer be active.
- c. Please visit [umanitoba.ca/sportandrec](http://umanitoba.ca/sportandrec) for program refund policy

ii. Non-Sufficient Funds: All declined payments (including cheques and credit card payments) will be subject to a non-sufficient funds fee of \$30 plus applicable taxes.

Date	Name (print)	Signature

**Notice Regarding Collection, Use, and Disclosure of Personal Information by the University**

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of providing programs/ camps offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities and communication, including contacting your emergency contact in the case of emergency. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.