****

**Residence Waiver**

I, the parent/guardian of , hereby give consent for my son/daughter to reside in the University of Regina Residence from until
 . I understand that my child will be participating in a Luther College & University of Regina event, with the intent to stay the night in Residence. I understand that my child must abide by the Luther College Residence policies and guidelines.

I further agree to indemnify Luther College & the University of Regina, its servants, agents or employees from any damages which may result or any and all claims or demands which may be made against Luther College or the University of Regina, howsoever arising out of or in consequence of staying in Residence.

 .

Phone Number

Parent/Guardian Signature Print Name

Print Name of Minor, Relationship to Minor Date