

2014 EHRF Horse Health Video Contest
Parental Consent Form

Entrant's full name: _____

Entrant's date of birth (MM/DD/YYYY): _____/_____/_____

Entrants must be entering Grades 7, 8 or 9 in the 2014-2015 academic year to be eligible for attending the SCI-FI VetMed Camps.

CONTACT INFORMATION:

Address: _____

City: _____

Province: _____

Postal code: _____

Phone number: _____

Email: _____

I consent to my child's participation in the 2014 Equine Health Research Fund (EHRF) Horse Health Video Contest at the Western College of Veterinary Medicine (WCVM). I have viewed the video and approve its content. I am aware that my child's submission becomes the property of the EHRF/WCVM and will be posted online in affiliation with EHRF/WCVM web sites (including Facebook).

I have read and agreed to the CONTEST RULES AND REGULATIONS.
I have read this Parental Consent Form and understand and accept its terms.

Parent/Guardian signature: _____

Parent/Guardian name: _____

Date: _____

Send to (choose one):

Mail: Myrna MacDonald, Room 3101, WCVM, U of S, 52 Campus Drive, Saskatoon, SK, S7N 5B4

E-mail: myrna.macdonald@usask.ca

Fax: 306-966-8747, attn: Myrna MacDonald