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I have read this release and its contents.

Signed**: _____

Date: _____

****Consent (for a minor, under 19 years of age)**

I am the parent or guardian of the minor named above and I have the legal authority to execute this release. I have read and agree to the above release.

Parent or Guardian Name: _____

Date: _____

Phone: _____ Email: _____

For inquiries about this collection of personal data, please contact:

ATIPP Office, 867-667-5040

Government of Yukon

PO Box 2703, Whitehorse, Yukon Y1A 2C6