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Parental Consent, [if person is under the age of majority]:

I am the parent or guardian of the individual named above, a minor under the age of 18 years. I agree on behalf of the minor named to the above grant of consent.

Parent/Guardian Name (Please Print) _____ Date: _____

Parent/Guardian Signature: _____

IMPORTANT MANDATORY INFORMATION REQUIRED

DATE(S): _____

LOCATION(S): _____

NAME OF THE PHOTOGRAPH(S): _____

ACTIVITY'S DESCRIPTION

Sent by: _____ Email address : _____

Phone number: _____

A copy must be sent to the Provincial / Territorial Committee

*****Note to the P/TC: Please keep the original in your file and send a copy to National Office
execdir@aircadetleague.com if you are sharing pictures / videos with National Office. *** ALSO SEND A SHORT
DESCRIPTION OF THE ACTIVITY. *****