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I, \_\_\_\_\_ OF \_\_\_\_\_  
 (Print Name of Student) (City)

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I have read and understood this document, and have given this consent voluntarily.

Email address of person signing document: \_\_\_\_\_

Phone number of person signing document: \_\_\_\_\_

Student's Program of Registration: \_\_\_\_\_

\_\_\_\_\_  
 (Signature) Date: \_\_\_\_\_

*\*For persons under 18 years of age, parental consent is required.*

*\*\*An electronic version of this consent form is available here: [www.saskpolytech.ca/consentform](http://www.saskpolytech.ca/consentform)*

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