



Alberta's Rural Health
Professions Action Plan

MULTIMEDIA AND PUBLICITY CONSENT

Form Number: GA-3 | Revised: 10 November 2017

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I have read through the foregoing and fully understand the contents hereof. I am of legal age, or I am the parent or guardian of the above named minor, and hereby give consent on behalf of the said minor. This consent shall be binding upon my heirs, successors, legal representatives and assigns.

Printed name of participant

Signature of participant

Witness

Address

City / Province/ Postal Code

Signature of parent/guardian of participant
(If participant is under 18 years old)

Date

The personal information requested on this form is collected for the purpose of program administration and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Executive Director, The Rural Health Professions Action Plan, 2801 Telus House, 10020 – 100 Street NW, Edmonton, AB T5J 0N3 Phone: 780-423-9911 Fax: 780-423-9917

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