**Parent Consent Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Name (Please print in full) Youth's Name (Please print in full)

I am the legal guardian of this child. This is my written consent for my child to participate in the EDP Business Challenge 2019.

I have read and I am familiar with the Eligibility and the Terms and Conditions of the contest. I agree to the contest Terms and Conditions on behalf of my child.

Signature:

Email:

Address:

Phone Number:

 (Parent or guardian should retain a copy of this form for your own records).

**Please Fax this completed form to:**

**Chelsea Wisser 306-244-2453**

**Or Email to: edp@nsilc.com**