



COACHES CONSENT FORM

If you consent to Saskatchewan Horse Federation collecting, using or disclosing your personal information, please complete and return to us the following Consent. The completed Consent should accompany your membership application or be mailed to:

**Saskatchewan Horse Federation
2205 Victoria Avenue
Regina, Saskatchewan
S4P 0S4**

I, _____, consent to the use and disclosure of my personal information, including my name, phone number, qualifications, email address or mailing address by **Saskatchewan Horse Federation**, for the following purposes.

- Listing on SHF website
- Listing in Show Trail magazine
- Distribution to General Public wanting lessons

(Please Print)

Name: _____

Signature: _____

Address: _____

City: _____ Prov.: _____ PC: _____

Telephone: _____ Email: _____

If person is under 18, this consent must also be signed below by a parent, legal guardian or person having power of attorney.

(Please Print)

Name: _____

Signature: _____

Address: _____

City: _____ Prov.: _____ PC: _____

Telephone: _____ Email: _____

Date: _____