

Sanguine Path "Health Hero Art Contest" Parental/Guardian Consent Form

Student Information

- **Student Name:** _____
- **Grade Level:** _____
- **School:** _____
- **Contest Category (Please select one):**
Grades K-5
Grades 6-8
Grades 9-12

Parent/Guardian Information

- **Parent/Guardian Name:** _____
- **Relationship to Student:** _____
- **Phone Number:** _____
- **Email Address:** _____

Consent and Agreement

As the parent or legal guardian of the above-named student, I hereby give my consent for my child to participate in the **Health Hero Art Contest** hosted by **Sanguine Path Inc.** I acknowledge and agree to the following:

1. I understand that the contest is free to enter, and participation is voluntary.
2. I confirm that the artwork submitted is original and created solely by my child.
3. I agree that my child's name, age and artwork may be shared publicly if selected as a winner or participant, including on Sanguine Path's website and social media.
4. I understand that my child may be awarded a scholarship fund if selected as a winner in their category.
5. I acknowledge that my child's personal information will be handled in accordance with Sanguine Path's privacy policies and will not be shared with third parties except for purposes related to the contest.
6. I understand that Sanguine Path is not responsible for any lost or damaged submissions.

Signature of Parent/Guardian: _____

Date: _____

Optional: Teacher Information (if applicable)

- **Teacher Name:** _____
- **School:** _____
- **Email Address:** _____
- **Phone Number:** _____

Submission Instructions

Please complete this form and submit it along with the student's artwork to contact@sanguinepath.org.