

Mail the entry form, project summary and any attachments to:

**Minerva Canada Safety Management Education Inc.
James Ham Safe Design Awards Contest
5110 Creebank Road Suite 300
Mississauga, Ontario L4W 0A1**

**Minerva Canada's James Ham Safe Design Awards Contest
OFFICIAL ENTRY FORM
(2010-11)**

Student's Name (please print in block letters)				
Student's Address				
City	Province	Postal Code	Telephone No. ()	E-mail
University Name				
University Address				
City	Province	Postal Code	University Telephone No. ()	
Student's University Year	Is this submission: <input type="checkbox"/> Individual or <input type="checkbox"/> Team Effort (please list names of all team members on page 2)			
Is this entry part of a course assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Project Title/Description			Describe contents attached:	
Faculty Representative name:			I have reviewed the submission. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:				
Grant and Release				
I have read, understand and agree to abide by the Rules and Regulations governing the Minerva Canada James Ham Safe Design Awards Contest and certify that the information contained in this entry form is true and accurate. In signing this entry form, I grant Minerva Canada the right: (1) to use my name, address, likeness, university, age, grade and/or prize information for promotional purposes, without compensation; and (2) to use details of the contest submission accompanying this entry form (the "Contents"), in whole or in part, for promotional purposes, without compensation. The Project has been originally created by me/my team and the preparation or use of the Project will not give rise to any claims for infringement or violation of patent, copyright, trademark or any other right of any third party, or to any claims for libel, defamation, violation of the right of privacy, or any contract right or other right of any individual, corporation or other entity or violate any laws. I have obtained all permissions, consents, licenses, or other approvals of third parties necessary or appropriate for the preparation or use of the Project. I have enclosed any such approvals. I release Minerva Canada from any liability in connection with my participation in this contest, or the preparation or use of my/my teams Project.				
Signature (Please complete form & sign before returning to Minerva Canada)				Date
<i>Your personal information is collected under the authority of Minerva Canada for the purpose of the James Ham Safe Design Awards Contest. You can e-mail Minerva Canada (minerva@safetymanagementeducation.com) if you have questions regarding the collection of your personal information</i>				

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Team Submission Information

Student's Name (please print in block letters)			
Student's Address			
City/Province	Postal Code	Telephone	E-mail
Signature Please print form & sign before returning to Minerva			Date
Student's Name (please print in block letters)			
Student's Address			
City/Province	Postal Code	Telephone ()	E-mail
Signature Please print form & sign before returning to Minerva		Age (if under 18)	Date
Student's Name (please print in block letters)			
Student's Address			
City/Province	Postal Code	Telephone ()	E-mail
Signature Please print form & sign before returning to Minerva		Age (if under 18)	Date