Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
☐ I agree to these terms.			
Pre-existing conditions/injuries? I	f NONE, please indicate NA	in space provided below.	*
Sign your name below:			
		<u>Disclosure</u>	e <u>Electronic Records and Signature</u> ectronic records and signatures