

ATHLETE WAIVER

Full Name	Email Address	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City	Province/Region	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Date of Birth		
<input type="text"/>	<input type="text"/>		

[Redacted Signature]

[Redacted Name]

[Redacted Title]

Initial here:

[Redacted Signature]

[Redacted Name]

[Redacted Title]

Initial here:

[Redacted Signature]

[Redacted Name]

[Redacted Title]

- [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
- [Redacted]

[Redacted Signature]

[Redacted Name]

[Redacted Title]

Initial here:

☐ I agree to these terms.

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures