

ATHLETE WAIVER

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

[Redacted]

[Redacted]

Initial here:

[Redacted]

Initial here:

[Redacted]

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

[Redacted]

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