

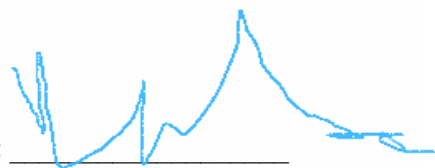
# TEST WAIVER

|                               |                         |
|-------------------------------|-------------------------|
| FIRST NAME                    | third                   |
| LAST NAME                     | one                     |
| COUNTRY                       | Bulgaria                |
| Birthdate                     | 1.2.1926 r.             |
| Mobile phone number           | +359234234              |
| Email                         | thirdone@mailinator.com |
| ID                            | 23423234                |
| Gender                        | Female                  |
| Send email check              | X                       |
| Marketing Photos Agreed check | X                       |
| Federation Membership check   |                         |
| Marketing Photos Agreed check | X                       |
| Medical Condition Checkbox    |                         |
| Medical Condition Text Field  | test                    |
| Learned From Text Field       | opa                     |
| Emergency Contact             | test                    |
| Emergency Contact Phone       | +35934234234234         |
| SupervisorFirstName           |                         |
| SupervisorLastName            | "                       |
| SupervisorEmail               |                         |
| SupervisorBirthdate           |                         |
| ChildName1                    |                         |

|                  |                    |
|------------------|--------------------|
| ChildLastName1   |                    |
| ChildBirthdate1  |                    |
| ChildBirthPlace1 |                    |
| ChildGender1     |                    |
| ChildPIN1        |                    |
| ChildName2       |                    |
| ChildLastName2   |                    |
| ChildBirthdate2  |                    |
| ChildBirthPlace2 |                    |
| ChildGender2     |                    |
| ChildPIN2        |                    |
| ChildName3       |                    |
| ChildLastName3   |                    |
| ChildBirthdate3  |                    |
| ChildBirthPlace3 |                    |
| ChildGender3     |                    |
| ChildPIN3        |                    |
| Pickup firstname |                    |
| Pickup lastname  |                    |
| Pickup email     |                    |
| Pickup phone     |                    |
| Pickup pin       | ##ChildPickUpPIN## |

Date: 2.12.2025 г.

Declarant:

A handwritten signature in blue ink, consisting of several loops and a final horizontal stroke, positioned above a solid black horizontal line.