

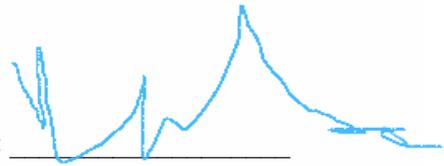
TEST WAIVER

FIRST NAME	8989
LAST NAME	8989
COUNTRY	Bulgaria
Birthdate	19.1.1944 г.
Mobile phone number	+35935990900909
Email	qwe@qee.com
ID	9889
Gender	Male
Send email check	X
Marketing Photos Agreed check	X
Federation Membership check	
Marketing Photos Agreed check	X
Medical Condition Checkbox	X
Medical Condition Text Field	8989
Learned From Text Field	opa
Emergency Contact	9889
Emergency Contact Phone	+35989899
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: 17.3.2026 г.

Declarant:

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