

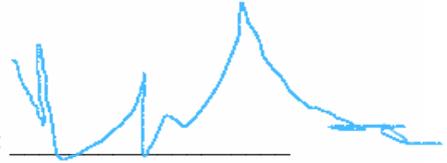
TEST WAIVER

FIRST NAME	cr
LAST NAME	ep
COUNTRY	Bulgaria
Birthdate	1.2.1928 r.
Mobile phone number	+35945345345
Email	test@test.dd
ID	435345345
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	dfg
Learned From Text Field	opa
Emergency Contact	fd
Emergency Contact Phone	+359353464556457
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: 2.3.2026 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.