

Waiver, Assumption of Risk, and Release of Liability

SIGNATURE OF PARTICIPANT

Participant Signature: Test Tester (Digitally Signed)

Participant Name: Test Tester

Date: July 29, 2025

Mailing Address: 1415 SE Cora St

Date of Birth: 1998-02-04

Emergency Contact Name: Akshay

Emergency Contact Phone Number: 00000000000