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If Participant is a Minor:

Relationship: __________ Name: _______________ Date of Birth: ___ / ___ / ___

Witness:

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Name (PRINT): ____________________________ Signature: ____________________________
Address: ____________________________ Date: ___ / ___ / ___
Email address (optional): ____________________________ Phone: ____________________________

If Participant is a Minor:
Relationship: ________________ Name: ________________________ Date of Birth: ___ / ___ / ___

Witness:
Name (PRINT): ____________________________ Signature: ____________________________ Date: ___ / ___ / ___