

HP CodeWars

WAIVER AND RELEASE FORM

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I verify that I am sufficiently physically fit to participate in this event.

Name of Participant: _____ Age: _____

Address: Street: _____

City: _____ Zip Code: _____

High School Name: _____

Choose one:

- I am under the age of 18. Below is the signature of my parent or legal guardian agreeing to the terms and conditions of this Waiver and Release on my behalf:

Signature: _____ Date: _____

Name (capital letters): _____

- I am 18 or older and understand and agree to the terms and conditions of this Waiver and Release:

Signature: _____ Date: _____

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