



Athlete Bio Form/Drug Testing Waiver

Name _____ Age _____

Hometown _____

Where Train _____

Who would you like to
Thank _____

What would you like the Fans to know?

Drug Testing Waiver:

I understand that this is a drug tested event and by entering I am authorizing Flag City Classic LLC and its affiliates to perform drug testing. I accept the results as final and there will be no retesting. Refusal to produce a specimen when asked will result in immediate disqualification. All Drug Testing failures may be published on website/public information and will be reported to the NGA and athlete will be banned according to NGA bylaws. By signing here, I accept these terms and conditions.

Signed: _____