



BSF NIGERIA

BSFN National Event Waiver Request Form

All waiver requests for BSFN events must be submitted with attention to the Director of Sport (sadigun@bsfnigeria.com) to info@bsfnigeria.com in writing as soon as practical. Following receipt, the Waiver Committee will review the request and will provide a written copy of the approval or denial of the waiver to the athlete within seven (7) days.

Athlete Name: _____

Date of Waiver Request: _____

Home Address: _____

Email Address: _____

Date of Birth: _____

Requesting a waiver from? (event): _____

Check one of the Following:

_____ I wish to request a waiver due to an illness or injury

_____ I wish to request a waiver due to an exceptional circumstance

_____ Other purposes for requesting a waiver. Please detail below:

Medical/Injury details:

In cases of medical waivers, the athlete must supply BSFN with proof of medical exception from a licensed Medical Doctor, Nurse Practitioner, or Doctor of Chiropractic medicine. Acceptable forms of proof:

1. A personal letter detailing the medical condition and recommendation signed by the doctor/practitioner on the company letterhead.
2. A signed BSFN Medical Examination form detailing the medical condition and recommendation.

This form must be included in the submission of this waiver request. The injured/ill athlete must follow the guidelines of the doctor/practitioner and Head Coach to be able to receive and retain the waiver.



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Exceptional Circumstance Section

If requesting a waiver due to exceptional circumstance, please complete the section below:

Please provide a detailed explanation of the exceptional circumstance:

I, (full name)_____ do hereby state that the named documents, approved testimonies, and evidence listed are legitimate reasons in which I cannot participate.

Signature _____
(Athlete/in case of minor, parent/guardian)

Date: _____