

## Challenge Participant / Solver Registration Form

### Section 1 — Registration Type

I am registering for this Challenge as a(n):

- ☐ INDIVIDUAL (i.e., on behalf of myself). If you checked this box, you must complete Section 2.
- ☐ TEAM (i.e., on behalf of a group of individuals). If you checked this box, you must complete Section 3.
- ☐ ENTITY (i.e., on behalf of a legally established organization, institution, or corporation). If you checked this box, you must complete Section 4.

*When choosing between TEAM and ENTITY, the difference is how the prize is paid: for a TEAM, payment goes to the TEAM LEADER, who then distributes it to other TEAM members; for an ENTITY, payment goes to the ENTITY itself.*

### Section 2 — Individual Registration

*Complete this section if you are registering as an INDIVIDUAL, on your own behalf and not on behalf of a TEAM or ENTITY.*

**Last Name**

**First Name**

**Middle Name**

**Phone Number**

**Email**

**City**

**State**

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the Announcement of Requirements and Registration for KidneyX Innovation Accelerator. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements, and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

*Signature*

*Print Name*

*Date*

## Section 3 — Team Registration

Complete this section if you are registering on behalf of a TEAM — you and all members are participating on your own behalf and not on behalf of an ENTITY.

### Team Leader

|              |            |             |
|--------------|------------|-------------|
| Last Name    | First Name | Middle Name |
| <hr/>        |            |             |
| Phone Number | Email      |             |
| <hr/>        |            |             |
| City         | State      |             |
| <hr/>        |            |             |

### Team Members

|       |       |
|-------|-------|
| Name  | Email |
| <hr/> |       |
| Name  | Email |
| <hr/> |       |
| Name  | Email |
| <hr/> |       |
| Name  | Email |
| <hr/> |       |

Add more rows as necessary.

☐ The Team Leader and each Team Member must certify: I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the Announcement of Requirements and Registration for KidneyX Innovation Accelerator. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements, and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

|           |            |      |
|-----------|------------|------|
| Signature | Print Name | Date |
| <hr/>     |            |      |
| Signature | Print Name | Date |
| <hr/>     |            |      |

Signature

Print Name

Date

Add more rows as necessary.

## Section 4 — Entity Registration

Complete this section if you (alone or with others) are registering on behalf of an ENTITY rather than on your own behalf.

Entity Name

City, State

### Point of Contact

The Point of Contact is the individual participating on behalf of the Entity. If multiple individuals are participating together on behalf of an Entity, the Point of Contact is the lead for the group.

Last Name

First Name

Middle Name

Phone Number

Email

### Additional Individuals (if applicable)

Name

Email

Name

Email

Name

Email

Name

Email

Add more rows as necessary.

☐ I certify that I have the authority to register for this Challenge on behalf of the Entity listed above; that the Entity meets the eligibility criteria stated in the Announcement of Requirements and Registration for KidneyX Innovation Accelerator; and that the Entity agrees to comply with the official rules and requirements of the Challenge, and that participation in this Challenge constitutes full and unconditional agreement to abide by them.

Signature

Print Name

Date

If multiple individuals are participating together on behalf of an Entity, all individuals must complete the following certification:

☐ I certify that I am participating in this Challenge on behalf of the Entity named above and agree to comply with the official eligibility criteria, rules, and requirements of the Challenge as stated in the Announcement of Requirements and Registration for KidneyX Innovation Accelerator.

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Add more rows as necessary.