



Recognised by the IOC - Member SportAccord, ARISF, IWGA and IMGA



WDSF Form of Consent for Athletes 2011

I the undersigned _____ (*name of athlete*)

as a member of my National DanceSport Organization and/or as a participant (in whatever capacity) in an (inter)national DanceSport competition, hereby acknowledge and agree as follows.

1. I agree to the terms of the WDSF ANTI-DOPING CODE and WDSF COMPETITION RULES and agree to submit to the terms of these codes, rules and regulations. I am aware that if I violate any of these codes and rules, I may be subject to severe disciplinary sanctions as set out in the respective code. Copies of the WDSF ANTI-DOPING CODE and WDSF COMPETITION RULES have been made available to me. Applicable law is Swiss law.
2. I accept the STATUTES of the WDSF, in particular that the WDSF and my National DanceSport Federation have jurisdiction to impose sanctions as provided in the WDSF ANTI-DOPING CODE and WDSF COMPETITION RULES as well as the exclusive competence of the Court of Arbitration for Sport (CAS) in Lausanne, Switzerland, which will resolve definitively the dispute in accordance with the Code of sport-related arbitration. Applicable law is Swiss law.
3. I Understand that by signing this form I am granting my consent to a urine or/and blood sample being taken from me. I understand that the urine or/and blood sample is to be taken so that it may be analysed to determine whether it discloses the presence of any substances prohibited under the WDSF ANTI-DOPING CODE, and that if the analysis of the sample reveals the presence of any such substance, or deviations from the normal range in the case of endogenous substances, I may be subject to disciplinary sanctions under the rules of the WDSF ANTI-DOPING CODE.
4. I also understand that the analysis of my sample might reveal evidence of disease. In such an instance I have the right to be informed, however only on my own request, after a confidential notice by the laboratory. Such information will be in all events remain confidential to the laboratory and myself.

(Signature; for minors also signature of a parent or legal guardian):

Name:

Country:

Date of birth:

Full address:

Parent or legal guardian: