

## WRRC FORM OF CONSENT FOR ATHLETS 2015

I the undersigned \_\_\_\_\_ (name of athlete) as a member, license holder, of my National Dance Sport Organization and/or as a participant (in whatever capacity) in an (inter)national Dance Sport competition, hereby acknowledge and agree as follows.

1. I agree to the terms of the WDSF ANTI-DOPING CODE and WRRC 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 WRRC COMPETITION RULES have been made available to me. Applicable law is Swiss law.
2. I accept the STATUTES of the WRRC, in particular that the WRRC and my National Dance Sport Federation have jurisdiction to impose sanctions as provided in the WDSF ANTI-DOPING CODE and WRRC 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 analyzed 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 Disciplinary Council 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: \_\_\_\_\_