

## International Wheelchair Fencing Athlete Evaluation Consent Form

(v 08\_2024)

1. I agree to undergo the Athlete Evaluation process detailed in the Wheelchair Fencing Classification Rules and administered by a designated International Wheelchair Fencing Classification Panel. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that that I am healthy enough to participate in the Athlete Evaluation.
2. I understand that I must comply with the requests made by the Classification Panel. This includes providing sufficient documentation to allow an international Classification Panel to determine whether I comply with the eligibility requirements for international Wheelchair Fencing. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a sport class being allocated.
3. I understand that Athlete Evaluation requires me to give my best effort, and that any Intentional Misrepresentation of my skills, abilities and/ or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action from World AbilitySport.
4. I understand that Athlete Evaluation is a judgment process, and I agree to abide by the judgment of the international Classification Panel. If I do not agree with the decision of the international Classification Panel, I agree to abide by the Protest process as defined in the classification rules.
5. I agree to be videotaped and photographed during the Athlete Evaluation process and that this may include my activity on and off the field of play during the Competition.
6. I agree and consent to World AbilitySport processing my personal data in any format, including my full name, country, date of birth, sport, sport class, sport class status, and relevant medical information. I agree and consent to my name, country, and sport class and sport class status being published by World AbilitySport and IWF and shared with third parties such as Competition Organisers.

I wish/do not wish (please tick below) to assist World AbilitySport in developing the classification system and therefore allow my data collected during Athlete Evaluation and video material recorded during training and competition to be used for research and educational purposes by World AbilitySport. I understand that I may withdraw this consent at any time.

I WISH

I DO NOT WISH

_____	_____	_____
Printed name of the athlete	Signature	Date (dd.mm.yyyy)
_____	_____	_____
Parent / Guardian*	Signature	Date (dd.mm.yyyy)

\*This is mandatory if the Athlete is under eighteen (18) years of age.