

Athlete Evaluation Consent Form

1. I agree to undergo the Athlete Evaluation process detailed in the UIPM Classification Process and administered by a designated UIPM 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 I am healthy enough to participate in Athlete Evaluation.
 2. I understand that I have to comply with the requests made by the Classification Panel. This includes providing sufficient documentation so as to allow a Classification Panel to determine whether I comply with the eligibility requirements for Para Pentathlon and its sub-sports. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Sport Class being allocated to me.
 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 (see IPC Intentional Misrepresentation Rules in the IPC Handbook, Section 2, Chapter 1.3).
 4. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the Protest process as defined in the UIPM Para Sport regulations.
 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 UIPM 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 UIPM and shared with third parties such as Competition Organisers.
- I wish to assist UIPM 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 UIPM. I understand that I may withdraw this consent at any time, and that any data held will be rendered anonymous and retained in a form in which identification of the individual is not disclosed.

_____ Printed name of the athlete	_____ Signature	_____ Date
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_____ Parent / Guardian*	_____ Signature	_____ Date
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*This is mandatory if the Athlete is under eighteen (18) years of age.

_____ Printed name of Witness	_____ Signature	_____ Date
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DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES

[Please print all information and complete in English]

Name: _____

National Federation: _____

I, _____, wish to compete in UIPM Para sport events.

[PLEASE PRINT FULL NAME]

I understand that UIPM requires me to state any known medical conditions that may compromise my safety on any venue (water, obstacle, running track). I understand that I must state the current management for my condition[s].

(Please print N/A if there are no associated medical conditions)

PERTINENT MEDICAL HISTORY:

Diabetes Heart Disease Cancer Stroke Recent Fracture Asthma Hypertension (high blood pressure)

Autonomic Disreflexia Dehydration Seizures Other _____

Possible Medical Complications:

Steps that must be taken should this arise: _____

Allergies: _____

All medication is as follows: _____

I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the present competition. I also understand that if a condition becomes evident for the first time during competition and is diagnosed at the time, e.g. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

SIGNATURE OF ATHLETE: _____

SIGNATURE of PARENT/GUARDIAN/WARD [UNDER AGE 18]: _____

SIGNATURE OF WITNESS: _____

PRINTED NAME OF WITNESS: _____

DATE: _____
