

# IWRF ATHLETE CONSENT FORM

Updated February 2016



## Athlete details (please print in capital letters)

| Preferred family name(s) | Preferred given name(s) | Country |
|--------------------------|-------------------------|---------|
|                          |                         |         |

For an athlete to compete in IWRF tournaments the athlete must be classified by International Wheelchair Rugby Federation certified classifiers and receive a sport class.

Failure to cooperate with the classifiers or failure to complete classification will result in no sport class allocation and the athlete will not be able to compete in the tournament sanctioned by IWRF.

If the athlete finds his/her ability to cooperate with the IWRF classifiers limited by pain, the athlete must agree to a full classification test regardless of that pain. The athlete agrees to indemnify the classifiers from any pain and suffering caused by the testing. The athlete must immediately report any pain or discomfort that occurs during or after testing to classifiers.

Classification trainees may be present at some tournaments. The classification panel will advise the athlete and support staff if trainees are present during the panel introductions to the athlete.

The following is an agreement by the athlete to undergo a physical, technical and observation assessment.

I,

**Please print full name**

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wish to be classified at this IWRF tournament.

I understand that the classification process involves a physical, technical and observation assessment. I understand that to receive a sport class I must be willing to take part in all three assessments and cooperate fully with the classifiers.

I understand that video recording and photography may be used as part of the classification process and consent to this.

I understand that Trainee Classifiers may be present and that these trainees may perform some of the assessments under the direct supervision of an IWRF Classifier.

I understand that to perform the complete classification evaluation, IWRF classifiers must examine all relevant movements and muscle groups. I agree to undertake these tests, and I agree that the classifiers are indemnified from any pain and suffering I may experience in the course of the test. I also agree to advise the classifiers immediately of any pain or discomfort that occurs during or after testing.

**Athlete signature**

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**Witness/coach/team representative signature**

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**Date**

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