



*If you are under 18 years of age on the day you compete you **MUST** provide parental consent that you can provide urine samples during testing conducted on behalf of IPF*

PARENTAL / LEGAL GUARDIAN

CONSENT FORM

To accompany nominations for the Championships for lifters under the age of 18 and to be filled out by a parent or legal guardian.

I (name of parent/guardian) _____ consent to (athlete name) _____ submitting to doping control when requested to do so during the (insert name of event) _____ IPF Championships and to respecting all possible consequences arising from the doping control process.

On behalf of (athlete name) _____ I agree and consent to the IPF collecting, processing, disclosing and using information for the purposes of the implementation of the IPF Anti-Doping Rules in accordance with the International Standard for the Protection of Privacy and Personal Information and pursuant to applicable data protection laws.

I am aware of the IPF Anti-Doping Rules. On behalf of (athlete name) _____, I agree that he/she will comply with such rules, regulations and procedures, to submit to the jurisdiction of the bodies which are in charge of applying them, and to be bound by any enforceable penalties deriving from my breach of these rules and regulations in the course of IPF official competitions.

I understand that (athlete name) _____ has important obligations under the IPF Anti-Doping Rules and that he/she is liable for a breach of these obligations.

Full Name of athlete: _____

Athlete Date of Birth: _____

Signature of parent/ guardian: _____

Date: _____

Relationship to the above-named athlete: _____

Signature of athlete: _____

If you have any questions regarding this application please contact Sabine Zangerle
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