



Recognised by the IOC - Member of GAISF, ARISF and WGA



## **IDSF Form of Consent for Athletes 2011**

I the undersigned \_\_\_\_\_ (*name of athlete*)

as a member of my National DanceSport Organization and/or as a participant (in whatever capacity) in an (inter)national DanceSport competition, hereby acknowledge and agree as follows.

1. I agree to the terms of the **IDSF ANTI-DOPING CODE** and **IDSF 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 **IDSF ANTI-DOPING CODE** and **IDSF COMPETITION RULES** have been made available to me. Applicable law is Swiss law.
2. I accept the **STATUTES** of the **IDSF**, in particular that the **IDSF** and my National DanceSport Federation have jurisdiction to impose sanctions as provided in the **IDSF ANTI-DOPING CODE** and **IDSF 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 analysed to determine whether it discloses the presence of any substances prohibited under the **IDSF 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 **IDSF ANTI-DOPING 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: