



Athlete Evaluation Consent Form

1. I agree to undergo the Athlete Evaluation process detailed in the WKF Classification Regulations and administered by a designated WKF 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. Should I not be able to complete the classification fully due to pain, injury or other reason, my classification may not be able to be completed.
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-Karate. 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). I answer all questions fully, truthfully and to the best of my knowledge.
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 Rules of the WKF.
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 WKF processing my personal data in any format, including the MDF and databases with my full name, country, date of birth, sport, Sport Class, Sport Class Status and relevant medical information. My classification data will be stored in a confidential database. I agree and consent to my name, country and Sport Class and Sport Class Status being published by WKF and shared with third parties such as Competition Organisers.

I wish to assist WKF 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 WKF. 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

Athlete's representative / Parent / Guardian*

Signature

Date

*This is mandatory if the Athlete is under eighteen (18) years of age or Athlete is mentally incapable of understanding the consent.

Printed name of Witness

Signature

Date