



Wheelchair Fencing Athlete Evaluation Consent Form

1. I agree to undergo the Athlete Evaluation process detailed in the IWAS wheelchair Fencing Classification Rules and administered by a designated IWAS wheelchair Fencing 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 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 IWAS wheelchair Fencing. 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 IWAS IW rules for competition – book 4 - classification rules – c36)
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 Classification 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 IWAS wheelchair Fencing 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 IWAS Wheelchair Fencing and shared with third parties such as Competition Organisers.

I wish/ do not wish (please delete) to assist IWAS Wheelchair Fencing 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 IWAS wheelchair fencing. I understand that I may withdraw this consent at any time.

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.