



**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:

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