



## IVF/ICF Para Va'a Paddler Information and Consent

Please note: all forms must be completed in English

Family Name:  Given Name:

Sex: M  F  Date of Birth: (day/month/year)

Athlete address

Country

### Explanation:

For a paddler to be eligible to compete in IVF/ICF Para Va'a events, the paddler must be classified under the IVF/ICF Classification guidelines. Failure to cooperate with the Classifiers or failure to complete the classification procedure will lead to ineligibility to compete in the IVF/ICF event.

The Classification process will be conducted with all due care to limit any discomfort to individual paddlers. However, failure to complete the classification process, regardless of discomfort, will result in the paddler not being classified and therefore not being eligible to compete in IVF/ICF events. The paddler may withdraw their consent at any time but the process will then not be undertaken and the paddler will not be classified and will also not be eligible to compete in IVF/ICF Para Va'a events.

By signing this consent form, the paddler agrees to waive his/her rights to make any claim against the Classifiers, IVF/ICF, or anyone who might then claim against the Classifiers or the IVF/ICF for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to the classification procedure of the paddler. The paddler agrees to fully indemnify IVF/ICF and the Classifiers should any claim be made against them in any way related to the classification of the paddler.

The following is an agreement by the paddler, and the paddler's parent/legal guardian where appropriate; consenting that the paddler agrees to fully participate in the IVF/ICF Para Va'a eligibility criteria and classification procedure.

The IVF/ICF will only use the information for the administration of Para Va'a classification, in accordance with ICF rules. By signing below, the paddler agrees to complete the test honestly to the best of his/her ability.

I wish  I do not wish to assist the IVF/ICF 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 the IVF/ICF. I understand that I may withdraw this consent at any time, and will be rendered anonymous.

Athlete Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete Signature: \_\_\_\_\_

Where athlete is under 18 years:

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_