



2016 American DanceSport Festival

Consent Form for Athletes

I \_\_\_\_\_ (printed name of athlete), the undersigned and member of USA Dance, Inc. and/or WDSF and/or as a participant (in whatever capacity) in the 2016 American DanceSport Festival, hereby acknowledge and agree as follows:

1. I agree to adhere to the terms of the WDSF ANTI-DOPING CODE, the WDSF Rulebook, and the USA Dance Rulebook and submit to the terms of these codes, rules & regulations. I am aware that if I violate any of these codes and rules, I may be subject to disciplinary sanctions as set-forth in the respective codes, rules & regulations. Copies of the WDSF ANTI-DOPING CODE, the WDSF Rulebook, and the USA Dance DanceSport Rulebook have been made available to me.
2. I accept the statutes of the WDSF ANTI-DOPING CODE, specifically that American DanceSport Festival, Inc. has jurisdiction to impose disciplinary sanctions as provided for in the WDSF ANTI-DOPING CODE, the WDSF Rulebook, and the USA Dance DanceSport Rulebook.
3. I understand, that by signing this form I am granting my consent to a urine and/or blood sample being taken from me during the competition. I understand that the urine and/or blood sample will be analyzed to determine whether it discloses the presence of any prohibited substance under the WDSF ANTI-DOPING CODE and that if the analysis reveals the presence of any such substance, or deviations from the normal range of endogenous substances, I may be subject to disciplinary sanctions under the rules of the WDSF ANTI-DOPING CODE, the WDSF Rulebook, and the USA Dance Rulebook.
4. I understand, that the analysis of my sample may also reveal evidence of a disease. If this occurs, I have the right to be informed, however only on my own request, after a confidential notice from the laboratory. This information will remain confidential between myself and the laboratory.

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

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or legal guardian for minors: \_\_\_\_\_

Country: \_\_\_\_\_ Athlete Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Phone Number: \_\_\_\_\_

Printed Full Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_