

IWBF ATHLETE EVALUATION AGREEMENT FORM

I wish to undergo the athlete evaluation process detailed in the International Wheelchair Basketball Federation Classification Rules and Regulations and acknowledge that the following steps are essential to complete this process:

1. I understand that this process may require me to participate in sport-like exercises and activities that may include me being observed whilst competing. I understand that there is a risk of injury in participating in such exercises and activities. I confirm that I am healthy enough to participate in athlete evaluation.
2. I understand that I must comply with the requests made by both IWBF and the classification panel, including providing sufficient documentation to determine whether I comply with the eligibility requirements for wheelchair basketball. I also 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.
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 and/or appeal process as set out in the IWBF Classification Rules and Regulations.
5. I may be photographed and/or audio or visual recorded by IWBF staff and officials (including classifiers) during the athlete evaluation process, including my activity on and off the field of play. Otherwise, however, photography, audio and visual recording of the athlete evaluation process are strictly prohibited.
6. My personal data (including my sport class, sport class status and relevant medical information that has not already been collected by the International Wheelchair Basketball Federation in the IWBF athlete eligibility agreement) will be collected by the IWBF, my National Paralympic Committee (NPC) and/or my National Organization governing Wheelchair Basketball (NOWB), and will be stored by the IWBF (including being transferred to or stored on the IWBF's contracted servers) and used by the IWBF, my NPC and/or my NOWB for the purposes of and to the extent necessary in relation to athlete evaluation and facilitating my participation in IWBF competitions.
7. My Personal Data will be transferred to the IWBF (or designated representative) and/or the IWBF medical committee if the classification panel, upon review of medical diagnostic information or through any observation during athlete evaluation, is of the view that I may have a health condition that could be adversely impacted by my participation in the sport of Wheelchair basketball for the purposes of assessing that risk and determining the appropriate outcome.
8. My name, gender, year of birth, country, sport class and sport class status will be published by IWBF and shared with my NPC, NOWB and competition organizers.

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Optional consent (please tick if you agree)

9. I wish to assist the IWBF in developing the Classification system and therefore allow my Personal Data, including video material recorded during training and competition, to be used for research and educational purposes by the IWBF in perpetuity, provided such Personal Data is anonymised prior to any publication.

Providing or not providing this consent does not affect the fulfillment of this Athlete Evaluation Agreement Form as a whole. If consent is not provided for research purposes, Personal Data will not be used for this purpose. If consent is provided, it can be withdrawn at any time by contacting the IWBF at: info@iwbf.org

Release of claims

I hereby release the IWBF, and their respective executive members, directors, officers, employees, volunteers, contractors or agents, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection, storage and use of my Personal Data by the IWBF, my NPC or NOWB and/or my participation in athlete evaluation.

Access to Personal Data

I understand that I have a right to access and correct or erase the Personal Data or restrict or object to the processing of such Personal Data that the IWBF holds about me under data protection law by contacting my NPC or NOWB, who will, if required, contact the IWBF. I also understand that my eligibility to participate in the sport of wheelchair basketball is contingent on the provision of Personal Data and my voluntary participation in athlete evaluation so that a sport class can be allocated to me. I further understand that my agreement in relation to the collection, processing, use, storage and/or transfer of Personal Data may be withdrawn at any time which will result in me being ineligible to participate in the sport of the IWBF.

Contact details

I may contact the IWBF's data protection officer should I have any questions about the use of my Personal Data: Mr. Robin Roemer, data.protection@iwbf.org

I have read and agree to comply with this Athlete Evaluation Agreement Form. The information set out in this document is correct.

_____ Printed name of athlete	_____ Athlete signature	_____ Date
_____ Printed name of athlete representative (mandatory if present, including if the athlete is a minor or lacks legal capacity under national legislation)	_____ Athlete representative signature	_____ Date