

**CONSENT FOR IVF ADAPTIVE PADDLER CLASSIFICATION**

Explanation:

For a paddler to be eligible to compete in IVF World Sprint events, the paddler must be classified under the IVF guidelines. Failure to cooperate with the Classifiers or failure to complete the classification procedure will lead to ineligibility to compete in the IVF World Sprint Races.

The Classification process will be conducted with all due care to limit any discomfort to individual athletes. 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 World Sprint 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 World Sprints.

By signing this consent form, the paddler agrees to waive his/her rights to make any claim against the Classifiers, IVF or anyone who might then claim against the Classifiers or IVF, 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 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 identified eligibility criteria and classification procedure.

By signing below, the paddler agrees to complete the test honestly to the best of his/her ability.

I, \_\_\_\_\_ of \_\_\_\_\_ (Federation)

consent to be classified under the IVF identified eligibility criteria and classification procedure for IVF World Sprint Races.

I \_\_\_\_\_ Parent/legal guardian of \_\_\_\_\_ (name of paddler)

Signature of Paddler: \_\_\_\_\_ Date: \_\_\_\_\_  
*(month, day, year)*

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*(month, day, year)*

(Note: Confirmation of guardianship status may be required).

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
*(month, day, year)*

Print Witness Name and Address: \_\_\_\_\_

\_\_\_\_\_