Form 2: Para-badminton Player Evaluation Consent Form & Privacy Notice

NAME	COUNTRY	
COMPETITION	DATE (DD.MM:YYYY)	

(Print in <u>CAPITAL LETTERS</u>)

Athlete Declaration and Acknowledgment

I hereby agree to:

- Undergo the classification process as outlined in the Tournament information for the UK Championships and administered by a qualified BWF Classifier.
- Submit a fully completed Medical Information Form pre- event, including all the necessary medical information requested (including x-rays, imaging reports) and records and to bring the necessary equipment (prosthesis / sport wheelchair / rackets / playing clothes) to the classification appointment.
- Cooperate at all times to the best of my ability with the instructions and requests made by the Classification Panel, including disclosing details of any medication that I am or will be using prior to or during the course of Player Evaluation to the Classification Panel and to ensure I follow the Players' Code of Conduct).
- Respect the findings of the Classification Panel. If I do not agree with the results of the Classification Panel I agree to abide by the process as defined by the Tournament Organizers.
- Be videotaped and photographed during the Player Evaluation process (where such is appropriate, necessary and respects at all times my right to privacy) to include my activity on and off the field of play during the competition. I understand these pictures may be used for educational purposes.
- The Classifier Panel collecting, processing and storing my personal data in whatever format it may choose as described in the attached privacy notice. I further agree and consent to part of such data being published by the organizers and NGB's.

I hereby acknowledge and understand that:

- Failure to give my best efforts, or misrepresenting my abilities, during Player Evaluation process could result in me being disqualified. I also understand that discrepancies between the performances that I demonstrate during the Player Evaluation process and those that I demonstrate during competition could also result in disqualification.
- The Player Evaluation process will require me to participate in sport-like exercises and activities, and that there is a risk of injury in participating in these exercises and activities. I declare that I am healthy enough to perform these exercises and activities. If I am injured during the course of the Player Evaluation process, I will hold the Classification Panel and tournament organizers blameless.

Player's Signature	Date / Time (DD.MM:YYYY)	
Witness	Name of witness (PRINT)	