



Athlete Consent Form

As a member of the International Boxing Association (AIBA) and/or a participant in an event authorized or recognized by AIBA, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the AIBA Statutes, AIBA Competition Rules, AIBA Disciplinary Code, AIBA Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the "Code") and the International Standards issued by the World Anti-Doping Agency, as amended from time to time, and published on the respective websites.
2. I consent and agree to the creation of my profile in the WADA Doping Control Clearing House ("ADAMS"), as requested under the Code to which AIBA is a Signatory, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry of my Doping Control, Whereabouts and Therapeutic Use Exemptions related data in such systems.
3. I acknowledge the authority of AIBA and its member National Federations and/or National Anti-Doping Organizations under the AIBA Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the AIBA Anti-Doping Rules and the AIBA Disciplinary Code.
4. I acknowledge and agree that any dispute arising out of a decision made pursuant to the AIBA Anti-Doping Rules, after exhaustion of the process expressly provided for in the AIBA Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the AIBA Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport (CAS).
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

I have read and understand this declaration.

____/____/____
Date
(Day/Month/Year)

Print Athlete Name (Last Name, First Name)

____/____/____
Date of Birth
(Day/Month/Year)

Athlete Signature