

10th WBPF

WORLD BODYBUILDING AND PHYSIQUE SPORTS CHAMPIONSHIPS

11- 17 DECEMBER 2018
Chiang Mai, Thailand



DRUG TESTING CONSENT & WAIVER OF LIABILITY FORM

*****PLEASE READ THIS FORM CAREFULLY*****

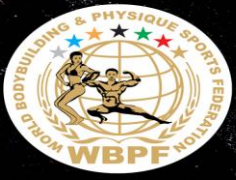
In order to participate as a Competitor in this Event, I the undersigned Athlete do hereby agree to be bound by the WBPF Constitution and Rules, the WBPF Rulebook, and the WBPF Anti-Doping Rules. I further agree to cooperate fully with the WBPF and the Event Organizer. I understand, accept and agree to the following conditions:

DRUG TESTING CONSENT

1. That the WBPF has the right to conduct drug testing at this Event, pursuant to the WBPF Anti-Doping Rules.
2. That if I am selected for drug testing, I will cooperate fully with the drug testing officials at all times and will, under the direct observation of a witness, provide a sample of my urine without undue delay.
3. That if I am subsequently found guilty of a doping offence, I will respect and abide by the relevant rules and regulations governing results management, including those pertaining to the appeal process.
4. That I accept sole responsibility to remain current with the rules and regulations governing this Event, including those pertaining to drug testing and results management.
5. That I do hereby declare and make oath that I am competing in this Event free from prohibited performance-enhancing drugs.

WAIVER OF LIABILITY

1. That I understand that in order for me to participate as a Competitor in this Event, I must agree to be bound by this Waiver of Liability and that I do so willingly and of my own free will.
2. That I agree to waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue the World Bodybuilding & Physique Sports Federation (WBPF), its affiliated National Federation in the country of the Championships, the Event Organizer, the WBPF and Event officials, volunteers, agents or representatives, the official hotel and official competition venue and their staff, hereinafter referred to as the "Released Parties", for any personal injury, death and property damages, expenses or loss sustained by me as a result of my participation in the Event due to any cause whatsoever, including, without limitation, negligence or breach of statutory duty on the part of the Released Parties.
3. That I agree that medical and personal injury insurance coverage while participating in this Event is solely my responsibility and that I agree to be responsible for and to pay for any and all costs that may arise as a result of my requiring medical and/or other special services and, in any event, should the Released Parties incur any cost for any such services for me personally,
I agree to reimburse the Released Parties for all costs of these services as may be incurred by them for my benefit or at my request.
4. In entering into this agreement, I am not relying on any oral, written or visual representations or statements made by the Released Parties to induce me to participate in this Event.



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5. I confirm that I am the full age of majority or, in the alternative; I have indicated that I am the guardian of the minor participant named, and that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon me (as a participant or guardian), my heirs, next of kin, executors, administrators and successors.

PRINT FIRST & LAST NAME

COUNTRY

SIGNATURE DATE

THIS FORM MUST BE SIGNED BY THE ATHLETE AND PRESENTED TO THE WBPF BEFORE THE COMPLETION OF THE WEIGH-IN AND REGISTRATION, FAILING WHICH THE ATHLETE WILL NOT BE ALLOWED TO COMPETE. INFORMATION ON WBPF RULES AND REGULATIONS MAY BE FOUND AT WWW.WBPF.COM



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ATHLETE WHEREABOUTS INFORMATION FORM

Pursuant to WBPF Anti-Doping Rules every Athlete competing in WBPF World Championships must provide accurate and upto-date Whereabouts information. Rules governing the Registered Athlete Testing Pool and Out-of-Competition doping control program may be found at www.WBPF.com.

PLEASE PRINT LEGIBLY

1 **LAST NAME (AS WRITTEN IN PASSPORT):** _____

2 **FIRST NAME & MIDDLE NAME(S) (AS WRITTEN IN PASSPORT):** _____

3 **PASSPORT NUMBER** _____

4 **NATIONALITY** _____

5 **SEX** _____
(MALE OR FEMALE)

6 **DATE OF BIRTH** _____
(DD.MM.YYYY)

7 **PLACE OF BIRTH** _____
(CITY/TOWN/COUNTRY)

8 **COMPLETE HOME/MAILING ADDRESS (STREET/APT #, CITY, COUNTRY, POSTAL CODE)**

9 **HOME TELEPHONE NUMBER** _____

10 **MOBILE NUMBER** _____

11 **E-MAIL ADDRESS:** _____

12 **NAME OF EMPLOYER/COMPANY** _____

13 **COMPLETE WORK ADDRESS (STREET/APT #, CITY, COUNTRY, POSTAL CODE)**

14 **WORK TELEPHONE NUMBER** _____

15 **NAME OF TRAINING FACILITY (GYM, CLUB, FITNESS CENTRE)** _____

All information provided on this form is strictly CONFIDENTIAL and shall be used only for the intended purpose of establishing a Registered Athlete Testing Pool and implementing an Out-of-Competition doping control program.

Signature of Athlete

Date