



IWF RTP - ACKNOWLEDGEMENT FORM

To be filled out and signed by the Athlete and returned to the ITA by email (iwf@ita.sport):

Name (First Last): _____

Email address: _____

Home address: _____

Telephone number (home/mobile): _____

Coach's name: _____

I hereby confirm that I have read and understood the letter of notification and that:

- I understand that I am part of the IWF International Registered Testing Pool;
- I am aware that I must submit my whereabouts in ADAMS and will be liable for a Filing Failure if I do not comply or if I submit either late, inaccurate or incomplete whereabouts information; if I am unavailable for testing due to inaccurate whereabouts information given for a period outside of the 60-minute time slot, this may also constitute a Filing Failure;
- I understand that I will be liable for a Missed Test if I am unavailable for testing during the 60-minute time slot specified in my Whereabouts Filing at the location specified for that time slot;
- I understand that any combination of three Missed Tests and/or Filing Failures committed within a twelve-month period shall constitute an anti-doping rule violation for which the sanction is a period of Ineligibility of two years, subject to reduction down to a minimum of one year, depending on the Athlete's degree of Fault.
- I understand and agree that any Personal Data collected or otherwise processed as a result of or in connection with my inclusion in the IWF RTP will be used in the context of the IWF anti-doping program and will be shared with authorized third parties (for instance the ITA, Sample Collection Authorities, Doping Control Officers, other Anti-Doping Organisations, Major Events Organisers, etc.).
- I understand that my Personal Data will solely be used for anti-doping purposes and will be treated in strict confidentiality.

<input type="checkbox"/>	I have an ADAMS account, with an active username and password
<input type="checkbox"/>	I do not have an ADAMS account / I need an ADAMS username and password

(please tick the appropriate box)

Signature: _____

Date: _____