UK ATHLETICS LIMITED (UKA)

ANTI- DOPING TESTING CONSENT FORM

This form must be completed by both the athlete and his/ her parent in all cases where the athlete is under the age of 18 (eighteen)

Please complete in BLOCK CAPITALS

I [1] have read and understood the UKA anti-doping rules and I hereby:

(a) consent and agree to the taking of a blood or urine sample from me for the purposes of official anti-doping testing (whether such testing is organised by UKA, UK Anti-Doping, IAAF, WADA, IOC, IPC and Commonwealth Games Federation or any other official body); and

(b) agree that I am bound by and will comply with the provisions set out in UKA's Anti-Doping rules (available in full on the UKA website www.uka.org.uk) and will submit to the authority and jurisdiction of UKA and any agents appointed by UKA, including UK Anti-Doping, to apply, police and enforce the rules.

Full Name of Athlete…….. ……

Address:……

Signature of Athlete:……

Dated 20…

PARENTAL CONSENT

I [2] declare that I am the person having parental responsibility for the athlete named above and that I have full capacity to give consent to the taking of a blood or urine sample from the Athlete for the purposes of UKA's Anti-Doping Rules. I hereby give consent to such testing and acknowledge that the athlete is bound by UKA's Anti-Doping rules.

Full Name of Parent / Guardian ……

Signature of Parent / Guardian …….

Dated 20…..

---

[1] Insert full name of athlete
[2] Insert full name of parent