APPENDIX 2 Consent Form – Anti-Doping Policy

As a member of [National Federation or International Federation] and/or a participant in an event authorized or recognized by CSIT, 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* ***CSIT Anti-Doping Policy*** *(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 WADA's website.*

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 CSIT is a Signatory, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry on my Doping Control, Whereabouts and Therapeutic Use Exemptions related data in such systems.*

3. *I acknowledge the authority of CSIT and its member National Federations and/or National Anti-Doping Organizations under the CSIT Anti-Doping Policy to enforce, to manage results under, and to impose sanctions in accordance with the CSIT Anti-Doping Policy.*

4. *I acknowledge and agree that any dispute arising out of a decision made pursuant to the CSIT Anti-Doping Policy, after exhaustion of the process expressly provided for in the CSIT Anti-Doping Policy, may be appealed exclusively as provided in Article 12 of the CSIT Anti-Doping Policy 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 the present declaration.

_____	_____	_____
Sports	*Country*	*Name of the Union*

_____	_____
Date	*Print Name (Last Name, First Name)*
_____	_____
Date of Birth (Day/Month/Year)	*Signature (or, if a minor, signature of legal guardian)*