



APPENDIX 2 Consent Form

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.

Sport: **Mamanet**

Country: _____

Union: **Hapoal**

Date: _____

Print Name (Last Name, First Name) _____

Date of Birth (Day/Month/Year) _____

Signature _____