



*When registering for an APU event, if you are under 18 years of age, your parent or legal guardian **MUST** provide parental consent that you can provide urine or blood samples for the purpose of doping control*

PARENTAL / LEGAL GUARDIAN CONSENT FORM

I (name of parent/guardian) _____ consent to (athlete name)- _____, who is a member of the Australian Powerlifting Union (APU) submitting to doping control when requested to do so during the (insert name of event) _____ APU Championships and respecting all possible consequences arising from the doping control process.

On behalf of (athlete name) _____ I agree and consent to the IPF, as delegated to do so by APU, collecting, processing, disclosing and using information collected during doping control for the purposes of the implementation of the IPF Anti-Doping Rules in accordance with the International Standard for the Protection of Privacy and Personal Information and pursuant to applicable data protection laws.

I am aware of the ASADA Act and IPF Anti-Doping Rules and their contents. On behalf of (athlete name) _____, I agree that he/she will comply with such rules, regulations and procedures, to submit to the jurisdiction of the bodies in charge of applying them, and to be bound by any enforceable penalties deriving from my breach of these rules and regulations during official APU competitions.

I understand that (athlete name) _____ has important obligations under the ASADA Act and IPF Anti-Doping Rules and that he/she is liable for a breach of these obligations.

Full Name of athlete: _____

Athlete Date of Birth: _____

Signature of parent/ guardian: _____

Date: _____

Relationship to the above-named athlete: _____

Signature of athlete: _____

If you have any questions regarding this consent form please contact the APU Anti-Doping Manager anti.doping@powerlifting-apu.com