



COMPETITOR VERIFICATION OF ACCEPTANCE OF FAI/ISC INJURY PROTOCOL

This form must be completed by the Competitor prior to the start of the event.

In the event that the injury assessment procedure would clear me to return to competition without the requirement of a medical evaluation and I would accordingly decide to do so, I understand that the injury assessment procedure is not a medical procedure but only a screening process to potentially identify *prima facie* elements justifying to making a medical evaluation a required condition to return to competition. I recognize that the outcome of the assessment only confirms that the person who conducted it, and who I understand and accept is not medically trained, is making the observations reported in the form to the best of his/her knowledge and capacities. I expressly confirm that my decision to return to competition following the incident is an entirely free personal decision which does not rely on the assessment as providing me with any reliable assessment of my actual health condition. I do expressly confirm that I accept all risks and liabilities linked with my participation in the given circumstances and which might arise out of injuries that I may have been suffering, whether or not objectively detectable at the time.

If the assessment outcome is that a medical evaluation has to be performed and I still want to continue to compete, I agree that as a condition for my possible returning to competition, I must submit to a formal examination by a qualified doctor and that I can only return with formal medical clearance declaring me fit to participate after such evaluation. If such clearance cannot be obtained in time for any reason, I accept that the FAI Controller may refuse my further participation in the competition. I understand and agree that it is my responsibility to seek medical support for the purpose of this evaluation. Whilst medical services may be available for purposes such as first aid in case of injuries or health issues at the Competition, neither the FAI nor the meet organisers have an obligation to provide access to medical evaluation services for the specific purpose of the above clearance. The medical evaluation is to be conducted under the sole professional responsibility of the medical professionals who accept to perform it.

I agree to release and hold harmless the FAI and its officers, FAI officials including specifically but without limitation the FAI Controller and all Competition officials from claims arising out of or in connection with my return to or exclusion from competition in the circumstances contemplated in this form.

This declaration including without limitation the above release and indemnity is subject to Swiss Law. Any dispute in respect of its validity and enforcement is to be exclusively settled by arbitration pursuant to the Code of Sports related arbitration of the Court of Arbitration for Sport in Lausanne. The arbitral tribunal shall consist of a sole arbitrator.

Competitor Name (Printed) _____

Competitor Date of Birth: _____

Competitor Signature: _____

Date of Competitor Signature: _____

**If the Competitor is under 18 years of age, this form must be signed by the
Competitor's Parent or Legal Guardian**