



BOWLS CANADA BOULINGRIN

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Athlete Assessment Consent Form

1. I agree to undergo the Athlete Assessment process detailed in the Bowls Canada Boulingrin Classification Process and administered by the designated classification team. I understand that this process will require me to participate in sport-like exercises and activities (physical impairments). I understand that there is a risk to injury in participating in exercises and activities and that I am healthy enough to do so. I understand that vision classification may require eyedrops to be put in my eye for purposes of classification and understand that there may be medical risks associated with this. I also agree that if I am injured during the course of this classification process that I will hold BCB blameless.

2. I understand that the Athlete Assessment requires me to give my best effort, and that failure to do so may result in me being disqualified from competition. I also understand that discrepancies between performances I demonstrate during the Athlete Assessment process and that which I demonstrate during the competition could also lead to my disqualification from competitions.

3. I understand that Athlete Assessment is a judgment process and will agree to abide by the judgment of the Classification Panel. If I do not agree with the results of the Classification Panel, I agree to abide by the protest and appeals process as defined by BCB.

4. I agree to be videotaped and photographed during the Athlete Assessment process that may include my activity on and off the field of play during the competition. The purpose of this recording is for the education of classifiers on how to use the classification process.

5. I agree and consent to collating and retaining my personal data in any format, including my Full Name, Year of Birth, Sport Class and Sport Class Status, and agree to consent to my Name, Country and Sport Class and Sport Class Status being published on the website.

Printed name of Athlete: _____

Signature: _____ Date: _____