



NATIONAL MEMBER BODY OF THE WORLD DANCESPORT FEDERATION · RECOGNIZED SPORT ORGANIZATION OF THE US OLYMPIC & PARALYMPIC COMMITTEE
DEDICATED TO GROWING THE QUALITY AND QUANTITY OF DANCE IN THE USA

USA Dance National Ballroom DanceSport Championships Anti-Doping Consent Form

I _____ (*print name*), the undersigned, as a participant in the USA Dance National Ballroom DanceSport Championships sanctioned by USA Dance, hereby acknowledge and agree as follows.

1. I agree to the terms of the WDSF ANTI-DOPING CODE and the USA Dance Rulebook and agree to submit to the terms of these codes, rules and regulations. I am aware that if I violate any of these codes and rules, I may be subject to severe disciplinary sanctions as set out in the respective code. Copies of the WDSF ANTI-DOPING CODE and USA Dance Rulebook have been made available to me.
2. I accept the STATUTES of the WDSF ANTI-DOPING CODE, in particular that USA Dance, Inc. has jurisdiction to impose sanctions as provided in the WDSF ANTI-DOPING CODE and the USA Dance Rulebook.
3. I understand that by signing this form I am granting my consent to a urine and/or blood sample being taken from me. I understand that the urine and/or blood sample is to be taken so that it may be analyzed to determine whether it discloses the presence of any substances prohibited under the WDSF ANTI-DOPING CODE, and that if the analysis of the sample reveals the presence of any such substance, or deviations from the normal range in the case of endogenous substances, I may be subject to disciplinary sanctions under the rules of the WDSF ANTI-DOPING CODE and the USA Dance Rulebook.
4. I also understand that the analysis of my sample might reveal evidence of disease. In such an instance I have the right to be informed, however only on my own request, after a confidential notice by the laboratory. Such information will remain confidential to the laboratory and me.

Print Name: _____

Signature: _____ Date: _____

Signature of Parent or Guardian (if participant is under 18 years old): _____

Country: USA Date of Birth (MM/DD/YYYY): _____

Address (print only): _____

City: _____ State: _____ Zip Code: _____