



International Pickleball Teaching Professional Association (IPTPA)

Athlete Acknowledgement and Consent to Anti-Doping Testing

1. Purpose of This Form

This Athlete Acknowledgement and Consent Form (the “Consent”) confirms that the undersigned Athlete understands and agrees to be bound by the IPTPA Anti-Doping Testing Policy and related anti-doping rules, which are adopted in alignment with the World Anti-Doping Code (the “Code”) and applicable International Standards.

Execution of this Consent is a condition of participation in any IPTPA-sanctioned event, training camp, program, or activity.

2. Acknowledgement of Anti-Doping Rules

I acknowledge and agree that:

- I am subject to the IPTPA Anti-Doping Testing Policy, as amended from time to time.
- The Policy is intended to be consistent with the World Anti-Doping Code, including the Prohibited List and International Standards.
- It is my personal responsibility to ensure that no Prohibited Substance enters my body and that I do not Use any Prohibited Method. (“Strict Liability”)
- Ignorance of the anti-doping rules or the Prohibited List is not a defense to an anti-doping rule violation.

3. Consent to Testing

I hereby knowingly and voluntarily consent to:

- In-Competition and Out-of-Competition drug testing at any time and any place, with or without advance notice;
- Sample collection procedures, including urine and/or blood collection, conducted by authorized Doping Control Officers in accordance with applicable International Standards;
- Testing conducted at IPTPA-sanctioned events, training sessions, training camps, clinics, my residence, or any other location where I may be found.

I understand that refusal, failure, or evasion of sample collection may constitute an anti-doping rule violation.

4. Training Camps and Out-of-Competition Testing

I acknowledge that training camps and organized training activities are expressly included within Out-of-Competition testing authority. I consent to testing during:

- National, regional, or elite training camps
- IPTPA-sponsored clinics or high-performance programs

- Any organized training environment reasonably identifiable as preparation for competition

5. Results Management and Discipline

I acknowledge and agree that:

- All samples will be analyzed by WADA-accredited or WADA-approved laboratories.
- Any Adverse Analytical Finding or other potential anti-doping rule violation will be managed in accordance with the World Anti-Doping Code and the International Standard for Results Management.

If I am found to have committed an anti-doping rule violation, I understand and accept that disciplinary consequences may include, but are not limited to:

- Disqualification of results
- Withdrawal and forfeiture of titles, rankings, points, medals, and prize money
- Periods of ineligibility (suspension), which may be up to four (4) years, or longer where permitted under the Code
- Provisional suspension pending final resolution

6. Athlete Rights and Due Process

I acknowledge that I have the right to:

- Be informed of my rights and responsibilities during doping control
- Request analysis of a B sample, where applicable
- Receive notice of any asserted anti-doping rule violation
- Be heard and afforded due process in accordance with applicable rules

7. Therapeutic Use Exemptions (TUEs)

I understand that if I require a Prohibited Substance or Prohibited Method for legitimate medical reasons, I must apply for and receive a valid Therapeutic Use Exemption in accordance with applicable standards.

8. Confidentiality and Data Protection

I acknowledge that my personal information and anti-doping data will be processed and protected in accordance with applicable data protection laws and the International Standard for the Protection of Privacy and Personal Information.

9. Voluntary Execution

I confirm that I have read, understood, and voluntarily agree to this Consent. I acknowledge that I have had the opportunity to ask questions or seek independent advice prior to signing.

10. Athlete Declaration

By signing below, I affirm that I understand and agree to comply with all IPTPA anti-doping rules and consent to drug testing and related disciplinary authority as described above.

Athlete Full Name: _____

Date of Birth: _____

IPTPA ID Number (if applicable): _____

Signature: _____

Date: _____

For Athletes under the age of 18:

Parent/Legal Guardian Name: _____

Signature: _____

Date: _____