

ANNEXE 9:

DECLARATION

Number and name of the championships

Date from to date end

Place – Country

YOUR LOGO

Date of Update 12 June 2023

Please complete this form and send it to CMAS HQ and Organising Committee by e-mail: **your contact e-mail** before **date of deadline**.

Name of the Federation/Club		IOC Code	
Contact Person		Phone No.	
Function		Mobile No.	

Team Officials	Males		Females	
Athletes Participants	Males		Females	
Athletes Reserves	Males		Females	
Other in Delegation	Males		Females	

Declaration Form: By registering my **federation/club** in this **championship/Competition**, I undertake to respect the statutes, regulations and directives of the CMAS.

Date and Signature: _____

Insurance: I hereby declare that all the delegation members have valid health insurance for the duration of the stay, which covers the full extent of the consequences of accidents and reimbursement for the costs of treatment and rehabilitation following the accident that may occur during the stay.

Date and Signature: _____

Consent to the publication of imagery: I grant the Organizing Committee permission for my imagery, full name, nationality, and voice to be recorded during the competition. All team members (or legal representatives) signed the relevant authorisation form.

Date and Signature: _____

Antidoping:

- I, the undersigned, am responsible for all the delegation members acknowledging *WADA Antidoping Rules* and *CMAS Antidoping Rules*. ANNEXE 1
- As a voluntary and mandatory commitment, the athletes must obtain the certificate ADEL (<https://adel.wada-ama.org/learn>) or a equal National certificate recognised by WADA, before receiving the CMAS licences according to the relevant point in the CMAS Procedures and Obligations.
- The expenses regarding the controls in competition belong to the organisers. In case of eventual supplementary analysis requested by WADA related to the bio-physiology of an athlete as ex ABP (athlete biological passport), the expenses belong to her/ his national federation.

Date and Signature: _____

Please check CMAS Procedures and Orienteering rules for participation in CMAS Competitions and Championships.

Note: **to define for each competition**

The President

(Full name in block letters)

President Signature/stamp)

Date