



V2

Instructions to Applicant: Send to events@ma.org.au

- Your completed application and
- A copy of your passport and
- Your payment and
- FIM Medical Examination form completed by a medical practitioner and
- Completed FIM Anti-doping declaration – read the FIM Anti-doping code at http://www.fim-live.com/fileadmin/user_upload/65.720.10_En_WEB_Anti-Doping_Code_2020.pdf
- (if applicable) Completed FIM Therapeutic Use Approval form
- WADA/ Sports Integrity Australia Anti-Doping completion certificate

Insurance: There is a single process for applying for your FIM Licence and Insurance. The FIM's Riders Insurance Scheme attaches automatically to each FIM Licence. It cannot be purchased separately. Multiple Licence holders will require a policy for each licence. Key benefits include:

- Up to 400,000 CHF for urgent medical care
- Unlimited medical evacuation costs to nearest appropriate medical facility
- Unlimited medical and mortal remains repatriation costs to Riders home country
- Accidental death benefit 50,000 CHF (10,000 CHF if under 16 years of age)
- Permanent accidental disablement benefit up to 50,000 CHF.

Eligibility: To be eligible for an FIM Licence you must be:

- an Australian citizen or permanent resident eligible for Medicare and hold a current MA National Competition Licence. Your MA National Competition Licence must be kept current even when you hold an FIM Licence; or
- hold a licence and start permission from another FMN and have insurance to FIM standards;

Australian Events: You can use your MA National Competition Licence to compete in an International Event held in Australia except for World and Continental Union Championships being conducted in Australia. You will need a specific FIM Championship Licence to contest in any World and Continental Union Championship events.

Please note: Street Circuit events will not be covered under the FIM Insurance Program.

FIM WADA Anti-Doping Policy

- It is required for 2020 that all FIM licence holders complete the WADA Adel Anti-Doping online course.
- The link to the course is found here at - <https://adel.wada-ama.org/>
- FIM licence holders will only need to complete the Alpha module only.
- The completion certificate expires one year from the date of issue.
- Once completed, attach the certificate with your FIM Licence application.
- Alternatively, please see below links to the Sports Integrity Australia equivalent which also meets the requirements.
<https://elearning.sportintegrity.gov.au/> Level 1 Anti-Doping Course

Still need help? Contact Motorcycling Australia on +61 3 9684 0523 or events@ma.org.au or at PO Box 2162 Gladstone Park Vic 3043

**Name**

DOB:

MA Licence No.

Exp Date:

Australian Contact Details

Address:

Phone:

Email:

Emergency Contact: Name:

Relationship:

Phone:

Email:

WADA Certificate Completed

WADA Certificate Attached

Overseas Contact Details (If applicable)

Address:

Phone:

Email:

Repatriation Details:

The FIM Insurance provides competitors with (1) repatriation per policy claim. Please confirm by ticking the appropriate box below what address you would like to be repatriated to in the case of an emergency:

Australian Address listed above

Overseas Address listed above

Passport Details

Number:

Country of Issue:

Name on p/port

Expiry Date:

Banking Details (for prize money)

Bank Name:

Account Name:

Account No.

BSB / Sort No.

IBAN

SWIFT

Address

Share your media to mediapr@ma.org.au**Media Details**

Twitter Handle

Instagram Handle

Facebook Name

Website



The following information is needed for your Start Permission from MA to enter FIM events:

Start Permission Information

Event Name(s)	Event Date(s)	Country	IMN

Payment

Payment made to Motorcycling Australia Ltd (PO Box 2162 Gladstone Park Vic 3043)

Card No.

Exp Date:

Cardholder:

Amount: \$

Declaration & Authorisation

I declare that:

- the information contained in this application is true and correct
- I am a fit and proper person and in good standing at all levels of the sport of Motorcycling;
- I am medically, mentally and physically fit and able to participate in Motorcycling;
- I am not and must not be a danger to myself or to the health and safety of others; and
- will immediately notify MA in writing of any change to my medical condition, fitness or ability to participate.
- Confirm that I have read the FIM Licence Program FAQs

I authorise the above payment.

Signature of applicant / parent or guardian: _____

Date: _____

For Insurance Claims

In the event of an insured occurrence, the Insured or a representative person should do everything possible to contact the insurer immediately and not to make his own arrangements for assistance from any third party without the Insurer's prior consent. Should the Insured fail to obtain the Insurer's consent, the insurer reserves the right to reduce or refuse to pay benefits in the event of a loss. For all information relating to a loss and/or in an emergency, please contact Mutuaide Assistance call centre (24/7):

- Mutuaide Assistance, Rue de la Piazza – CS 20010 – 93196 Noisy le Grand CEDEX
- Phone: +33 1 55 98 51 68
- E-Mail: medical@mutuaide.fr

Remember: The insured must be in possession of his/her FIM licence number

**PLEASE CLEARLY SELECT LICENCE REQUIRED:**

**** Annual Licence includes \$282 AUD Insurance fee ** One Event Licence includes \$207 AUD Insurance fee**

Discipline	Type	Annual	One-event
ROAD RACING	<input type="checkbox"/> FIM Superbike – Supersport World Champs	<input type="checkbox"/> \$2582	<input type="checkbox"/> \$1057
	<input type="checkbox"/> FIM Endurance World Champs & Cup Rider	<input type="checkbox"/> \$994	<input type="checkbox"/> \$628
	<input type="checkbox"/> FIM Sidecar World Champ – Rider	<input type="checkbox"/> \$799	<input type="checkbox"/> \$539
	<input type="checkbox"/> FIM Sidecar World Champ - Passenger	<input type="checkbox"/> \$725	<input type="checkbox"/> \$454
	<input type="checkbox"/> FIM CCR Continental Champs (CONU)	<input type="checkbox"/> \$645	<input type="checkbox"/> \$471
	<input type="checkbox"/> FIM Street Freestyle World Cup	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> FIM Superstock 1000cc Cup	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> FIM CCR Jnr (MotoGP Rookies Cup, Jnr Moto3, SSP300)	<input type="checkbox"/> \$627	<input type="checkbox"/> \$374
	<input type="checkbox"/> FIM International Circuit Meetings	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455
	<input type="checkbox"/> FIM World Record Attempts	N/A	<input type="checkbox"/> \$558
TRIAL	<input type="checkbox"/> FIM Trial World Champs / Trial Prizes / des Nations / X-Trial	<input type="checkbox"/> \$962	<input type="checkbox"/> \$557
	<input type="checkbox"/> FIM Women's Trial World Champs / des Nations	<input type="checkbox"/> \$750	<input type="checkbox"/> \$539
	<input type="checkbox"/> FIM Trial World Cup / 125cc Trial Cup	<input type="checkbox"/> \$672	<input type="checkbox"/> \$454
	<input type="checkbox"/> FIM Trial World Champs / Trial Prizes / des Nations / X-Trial - Assistant	<input type="checkbox"/> \$544	<input type="checkbox"/> \$339
	<input type="checkbox"/> FIM International Trial Meeting	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455
	<input type="checkbox"/> FIM Women's International Trial Meeting	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455
CROSS COUNTRY RALLIES	<input type="checkbox"/> FIM Cross-Country Rallies World Championship – 450cc/Quad*	<input type="checkbox"/> \$2540	<input type="checkbox"/> \$984
	*For Medical refer to special requirement Appendix B	N/A	N/A
	<input type="checkbox"/> FIM Women's Cross-Country Rallies World Cup / FIM Jnr Cross-Country Rallies World Cup	<input type="checkbox"/> \$1229	<input type="checkbox"/> \$628
	<input type="checkbox"/> FIM Bajas World Cup (450cc & Quads)	<input type="checkbox"/> \$1590	<input type="checkbox"/> \$1083
	<input type="checkbox"/> FIM Women's Bajas World Cup / FIM Jnr Bajas World Cup	<input type="checkbox"/> \$853	<input type="checkbox"/> \$521
	<input type="checkbox"/> FIM Cross-Country Rallies International Meetings	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455
	<input type="checkbox"/> FIM Bajas International Meetings	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455
MOTOCROSS / SUPERCROSS	<input type="checkbox"/> FIM MX1-MX2 / AMA Supercross World Champs	<input type="checkbox"/> \$1838	<input type="checkbox"/> \$807
	<input type="checkbox"/> FIM Sidecar Motocross World Cup – Rider	<input type="checkbox"/> \$799	<input type="checkbox"/> \$539
	<input type="checkbox"/> FIM Sidecar Motocross World Cup - Passenger	<input type="checkbox"/> \$750	<input type="checkbox"/> \$454
	<input type="checkbox"/> FIM SuperMoto World Champs	<input type="checkbox"/> \$1002	<input type="checkbox"/> \$628
	<input type="checkbox"/> FIM Jnr Motocross World Champs	<input type="checkbox"/> N/A	<input type="checkbox"/> \$735
	<input type="checkbox"/> FIM Snowcross World Champs	<input type="checkbox"/> \$1229	<input type="checkbox"/> \$695
	<input type="checkbox"/> FIM Women's Motocross World Champs	<input type="checkbox"/> \$750	<input type="checkbox"/> \$454
	<input type="checkbox"/> FIM Freestyle Motocross World Champs	<input type="checkbox"/> \$799	<input type="checkbox"/> \$539
	<input type="checkbox"/> FIM Veteran Motocross World Cup Meeting	N/A	<input type="checkbox"/> \$374
	<input type="checkbox"/> FIM Women's Snowcross World Cup	<input type="checkbox"/> \$750	<input type="checkbox"/> \$480
	<input type="checkbox"/> Motocross Continental Championships (CONU)	<input type="checkbox"/> \$717	<input type="checkbox"/> \$471
	<input type="checkbox"/> FIM International Motocross Meetings	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455
	<input type="checkbox"/> FIM Int. Freestyle Motocross Meeting	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455
ENDURO	<input type="checkbox"/> FIM Enduro World Championships & FIM ISDE (World trophy & Jnr World Trophy)	<input type="checkbox"/> \$962	<input type="checkbox"/> \$558
	<input type="checkbox"/> FIM ISDE (Women's World Trophy & Club Team)	N/A	<input type="checkbox"/> \$580
	<input type="checkbox"/> FIM JNR Enduro World Championship / FIM Youth Enduro World Cup / FIM Women's Enduro World Cup	<input type="checkbox"/> \$588	<input type="checkbox"/> \$454
	<input type="checkbox"/> FIM SuperEnduro & Jnr/Women's SuperEnduro World Championship	<input type="checkbox"/> \$588	<input type="checkbox"/> \$405
	<input type="checkbox"/> FIM Enduro International Meetings	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455
TRACK	<input type="checkbox"/> FIM Track Racing World Champs (ex. SGP)	<input type="checkbox"/> \$1430	<input type="checkbox"/> \$628
	<input type="checkbox"/> FIM Track Racing Youth Gold Trophy	<input type="checkbox"/> \$725	<input type="checkbox"/> \$539
	<input type="checkbox"/> Track Racing Continental Championships	<input type="checkbox"/> \$500	<input type="checkbox"/> \$300
	<input type="checkbox"/> Promotional Continental Championships	<input type="checkbox"/> \$350	<input type="checkbox"/> \$200
	<input type="checkbox"/> FIM Track Racing International Meeting	<input type="checkbox"/> \$675	<input type="checkbox"/> \$455

**** Prices subject to change**



MEDICAL HISTORY AND EXAMINATION

Every competitor taking part in motorcycle events must be medically fit. For this reason the history and an examination are essential. The Medical History and Examination forms are found in Appendices A and B. The Medical Examination Certificate is valid for not more than one year. In the event of serious injury or illness occurring since the last medical certificate was issued, a new examination and medical certificate are necessary.

1. GUIDELINES FOR THE EXAMINING DOCTOR (Recommended to be the Rider's regular doctor)

The examination should be performed by a doctor familiar with the applicant's medical history. The examining doctor must be aware that the person to be examined is applying for a licence to enter motorcycle events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motorcycle in order to ensure the safety of other competitors, officials and spectators during an event, having regard to the type of event for which the competitor is applying.

Certain disabilities exclude the granting of a licence.

Limbs

The applicants should have sufficient function of their limbs to permit full control of their machine during events. In the case of loss or functional impairment of all or part of a limb or limbs the applicant may be referred for the opinion of the medical commission of his FMN.

Eyesight

The minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum binocular field should measure **160 degrees with 70 each side, 30 vertical**.

Spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn, should be of the "soft" variety.

A person who suddenly loses sight in one eye will not be allowed to hold a licence for a minimum of three years have elapsed, except for Trial which would remain as one year, with vision not less than 6/6 [10/10] in the one eye. Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.

If there is doubt about colour vision, the applicant, for any event, except Trial, must be able to accurately differentiate between red, green, blue, yellow, black and white flags. A simple practical test is recommended under conditions similar to those of a race.

Deafness

Total deafness in both ears will prevent an applicant from obtaining a licence except for Trials.

Diabetes

In general, it is not considered advisable for diabetics to enter motorcycle events. All well controlled diabetics not subject to hypoglycaemic or hyperglycaemic attacks, and having no neuropathic complications, nor any ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

Cardio-Vascular System

In general, a history of myocardial infarction or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with the medical examination form.

With the exception of Trial any rider over the age of fifty years must have an exercise tolerance electrocardiogram performed, and the result must be favourable. In Trial, an exercise tolerance electrocardiogram is required for any rider over 50 years if there are known significant risk factors for or history of cardiac disease.

Neurological and Psychiatric Disorders

In general, applicants with a serious neurological or psychiatric disorder will not be granted a licence.

Fits or Unexplained Attacks or Loss of Consciousness

A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit, or has suffered an unexplained sudden loss of consciousness.

Alcohol and Drug Dependence

Applicants with an alcohol or drug dependence problem will not be accepted.

2. PROCEDURE IN CASE OF DOUBT OF MEDICAL FITNESS

The examining doctor may not feel able to approve an applicant on medical grounds. In such a case he will fill in the certificate, sign it having ticked the relevant box, and then send it to applicant's FMN with his observations, including past history. If necessary, he shall request that the applicant should be examined by a member of the medical committee of the FMN, or a doctor appointed by the FMN.

3. COST OF MEDICAL EXAMINATION

Any fee charged for the examination or completion of the medical certificate is the responsibility of the applicant.



(to be completed by applicant)

Personal Data:

Name:	First name:	Date of birth:	
Address:			
Sex:	male	female	FMN:

No	Yes	Details
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<input type="checkbox"/>	Loss of consciousness for any reason dizziness or headache	<input type="checkbox"/>
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<input type="checkbox"/>	Eye problems (except glasses)	<input type="checkbox"/>
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<input type="checkbox"/>	Asthma	<input type="checkbox"/>
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<input type="checkbox"/>	Allergy to medicines or	<input type="checkbox"/>
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<input type="checkbox"/>	drugs Diabetes	<input type="checkbox"/>
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<input type="checkbox"/>	Heart problems	<input type="checkbox"/>
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<input type="checkbox"/>	Blood pressure disorder	<input type="checkbox"/>
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<input type="checkbox"/>	Stomach problems (ulcer,	<input type="checkbox"/>
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<input type="checkbox"/>	etc) Uro-genital problems	<input type="checkbox"/>
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<input type="checkbox"/>	Epilepsy or convulsions	<input type="checkbox"/>
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<input type="checkbox"/>	Mental or nervous disorder	<input type="checkbox"/>
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<input type="checkbox"/>	Problems with arms or legs incl. muscle cramp or joint stiffness	<input type="checkbox"/>
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<input type="checkbox"/>	Blood disorder with tendency to bleeding	<input type="checkbox"/>
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Blood group

<input type="checkbox"/>	Operations	<input type="checkbox"/>
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<input type="checkbox"/>	Do you take any medicine or drugs regularly?	<input type="checkbox"/>
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If you take any medicine or drugs regularly, please list below the medicine or drugs:

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- I have not been banned, on medical grounds, from taking part in any othersport.
- I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
- In case of an injury and/or illness I give permission to the Medical Staff to release any relevant information to my relatives and my representatives.
- I will immediately inform the relevant FIM Medical Officer /FIM SBK Medical Director/FIM Medical Director/ Representative and the CMO of any changes in my health through illness or injury that may adversely affect my ability to ride or compete
- I declare that the information that I have given is the truth.
- I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

Date

Signature of applicant (or responsible Parent or Guardian if a minor)



MEDICAL EXAMINATION FORM APPENDIX B
 (To be completed by doctor with reference to the FIM Medical Code,
 Art. 09.1.1 Guidelines for the examining doctor)

Personal Data:

Name:		First name:		Date of birth
Address:				
Sex:	male	female		FMN:
Normal				Abnormal

			Details (if abnormal)
<input type="checkbox"/>	Cardio-vascular system	<input type="checkbox"/>	
<input type="checkbox"/>	*Exercice tolerance ECG	<input type="checkbox"/>	
<input type="checkbox"/>	*Echocardiography	<input type="checkbox"/>	
<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>	
<input type="checkbox"/>	Pulse	<input type="checkbox"/>	
<input type="checkbox"/>	Respiratory system	<input type="checkbox"/>	
<input type="checkbox"/>	Nervous system	<input type="checkbox"/>	
	central	<input type="checkbox"/>	
<input type="checkbox"/>	peripheral	<input type="checkbox"/>	
<input type="checkbox"/>	Ear, nose and throat,	<input type="checkbox"/>	
	right	<input type="checkbox"/>	
<input type="checkbox"/>	in particular vestibulo-	<input type="checkbox"/>	
<input type="checkbox"/>	cochlear apparatus	<input type="checkbox"/>	
	left	<input type="checkbox"/>	
<input type="checkbox"/>	Locomotor-	<input type="checkbox"/>	
	arm	<input type="checkbox"/>	
		right	<input type="checkbox"/>
		left	<input type="checkbox"/>
<input type="checkbox"/>	leg	<input type="checkbox"/>	
		right	<input type="checkbox"/>
		left	<input type="checkbox"/>
<input type="checkbox"/>	spine	<input type="checkbox"/>	
<input type="checkbox"/>	Abdomen (hernia)	<input type="checkbox"/>	
<input type="checkbox"/>	Urine	<input type="checkbox"/>	
	Albumen	<input type="checkbox"/>	
	Glucose	<input type="checkbox"/>	
<input type="checkbox"/>	Eyes:	<input type="checkbox"/>	
	Distant vision	<input type="checkbox"/>	
<input type="checkbox"/>	without	<input type="checkbox"/>	
	right	<input type="checkbox"/>	
	left	<input type="checkbox"/>	
<input type="checkbox"/>	with	<input type="checkbox"/>	
	right	<input type="checkbox"/>	
	left	<input type="checkbox"/>	
<input type="checkbox"/>	color vision	<input type="checkbox"/>	
<input type="checkbox"/>	visual field	<input type="checkbox"/>	

* In addition to the medical examination, an applicant for any licence in FIM Cross-Country Rallies WC must undergo and pass successfully an echocardiogram once in his lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.

Except in Trial an exercise tolerance electrocardiogram is required for riders aged 50 years and over.

- I, the undersigned, certify that I am this person/rider's medical practitioner and familiar with his/her medical history.
- I, the undersigned, certify that I know and am familiar with the WADA list of prohibited substances and prohibited methods
- I, the undersigned, certify that I have not prescribed any prohibited substances and/or prohibited methods to this person
- I, the undersigned, certify that I have prescribed prohibited substance(s) and/or prohibited method(s) to this person, providing that a TUE was agreed by the FIM and/or that no alternative treatment with authorised substance(s) was possible
- I, the undersigned, certify that this person is medically FIT to take part in motorcycle events
- I, the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events
- I recommend that this person be examined by a member of the medical commission of his/her FMN or doctor appointed by the FMN and of the FIM, if necessary.

Date of examination

Signature and stamp of Doctor



MA PRIVACY STATEMENT

Motorcycling Australia (MA) is committed to the protection of your personal information. Any personal information you provide to MA will be used for those purposes which the information was gathered for as stated and related purposes which can be reasonably expected.

MA will not disclose any personally identifiable information obtained from you to other parties or for purposes other than those stated above, unless you provide your written consent to us, with the following exceptions:

- where there are grounds to believe that disclosure is required in order to prevent a threat to health or life;
- where MA suspects that unlawful activity is or has been engaged in, such personal information may be used to investigate the suspected unlawful activity; or
- the use is authorised by law or reasonably necessary to enforce the law.

Information that you provide through various means will be kept safe and secure within MA.

MA may also use your personal information for the purposes of direct marketing in relation to promotional activities where it is impracticable for us to obtain your prior written consent. However, when MA does this, we will provide an express option for you to decline receiving any further marketing communications from MA, via an opt out mechanism. MA will only send you emails if you have elected to receive such emails or if they are in response to an email we have received from you.

At any time, you may also notify us if you do not wish to receive marketing materials or other communications from MA. Please put this request in writing and send to the address below or telephone MA on (03) 9684 0523, or e-mail events@ma.org.au

Should your contact details or address change, please inform us.

If you have any queries or concerns about your personal information which MA maintains, please send the details of your query or concern in writing to:

Motorcycling Australia Limited
PO Box 2162
Gladstone Park Vic 3043

Thank you for taking the time to read this important statement.



APPENDIX 3 - Rider Consent Form

As a member of a National Federation or the FIM and/or a participant in an event authorized or recognized by the FIM, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the FIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the "Code") and the International Standards issued by the World Anti-Doping Agency ("WADA"), as amended from time to time, and published on WADA's website.
2. I acknowledge the authority of the FIM and its member National Federations and/or National Anti-Doping Organizations under the FIM Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the FIM Anti-Doping Rules.
3. I acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the FIM Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the FIM Anti-Doping Rules to an appellate body, which in the case of International-Level Riders is the Court of Arbitration for Sport (CAS).
4. I acknowledge and agree that the decisions of the appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
5. I understand that:
 - a. my data, such as my name, contact information, birthdate, gender, sport nationality, voluntary medical information, and information derived from my testing sample will be collected and used by the FIM and its member National Federations and/or National Anti-Doping Organizations and WADA for anti-doping purposes;
 - b. WADA-accredited laboratories will use the anti-doping administration and management system ("ADAMS") to process my laboratory test results for the sole purpose of anti-doping, but shall only have access to de-identified, key-coded data that will not disclose my identity;
 - c. I may have certain rights in relation to my *Doping Control-related* data under applicable laws and under WADA's International Standard for the Protection of Privacy and Personal Information (ISPPPI), including rights to access, rectification, restriction, opposition and deletion, and remedies with respect to any unlawful processing of my data, and I may also have a right to lodge a complaint with a national regulator responsible for data protection in my country;
 - d. if I object to the processing of my *Doping Control-related* data or withdraw my consent, it still may be necessary for the FIM and its member National Federations and/or National Anti-Doping Organizations and/or WADA to continue to process (including retain) certain parts of my *Doping Control-related* data to fulfill obligations and responsibilities arising under the Code, International Standards or national anti-doping laws notwithstanding my request; including for the purpose of investigations or proceedings related to a possible anti-doping rule violations; or to establish, exercise or defend against legal claims involving me, WADA and/or an Anti-Doping Organization.



- e. preventing the processing, including disclosure, of my *Doping Control*-related data may prevent me, WADA or Anti-Doping Organizations from complying with the Code and relevant WADA International Standards, which could have consequences for me, such as an anti- doping rule violation, under the Code;
- f. to the extent that I have any concerns about the processing of my *Doping Control-related* data I may consult with the FIM and/or WADA (privacy@wada-ama.org), as appropriate.
6. I understand and agree to the possible creation of my profile in ADAMS, which is hosted by WADA on servers based in Canada, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry of my *Doping Control*, whereabouts, *Therapeutic Use Exemptions*, *Athlete Biological Passport*, and sanction- related data in such systems for the purposes of anti-doping and as described above. I understand that if I am found to have committed an anti-doping rule violation and receive a sanction as a result, that the respective sanctions, my name, sport, *Prohibited Substance* or *Method*, and/or tribunal decision, may be publically disclosed by the FIM and its member National Federations and/or National Anti-Doping Organizations in accordance with the Code. I understand that my information will be retained for the duration as indicated in the ISPPPI.
7. I understand and agree that my information may be shared with competent Anti-Doping Organizations and public authorities as required for anti-doping purposes. I understand and agree that persons or parties receiving my information may be located outside the country where I reside, including in Switzerland and Canada, and that in some other countries data protection and privacy laws may not be equivalent to those in my own country.

I understand that these entities may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

Date

Print name (Last Name, First Name)

Date of Birth

Signature (or, if a minor, signature

Day/Month/Year

of legal guardian/representative)