

CONSENT FOR CLASSIFICATION

- 1. I agree to undergo the Athlete Evaluation process detailed in the FEI Para-Equestrian Classification Rules and Regulations and administered by a designated Equestrian Australia (EA) Classification Panel. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that that I am healthy enough to participate in Athlete Evaluation. I understand I may be required to undergo Athlete Evaluation on more than one occasion.
- 2. I understand that I have to comply with the requests made by the Classification Panel. This includes providing sufficient documentation so as to allow a Classification Panel to determine whether I comply with the eligibility requirements for EA. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Grade (Sport Class) being allocated to me and therefore I will not be allowed to compete at EA Competitions until a Grade is allocated to me.
- 3. I understand that Athlete Evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities and/ or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action by EA.
- 4. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the Protest process as defined by EA.
- 5. I agree to be videotaped and photographed during the Athlete Evaluation process and that this may include my activity on and off the field of play during the Competition.
- 6. I agree and consent to the EA maintaining and processing my personal classification data in any format, including my full name, country, date of birth, sport, Grade (Sport Class), Grade Status and relevant medical information. I agree and consent to my name, country and Grade (Sport Class) and Grade Status being published by the EA and shared with third parties such as Competition Organising Committees.

Please tick (\lor) as appropriate:

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\square I allow my data collected during Athlete Evaluation and video material recorded during training and competition to be used for Classification research and educational purposes by EA. I understand that I may withdraw this consent at any time.			
\square I agree to EA providing details of my Athlete Evaluation to the Australian Paralympic Committee (APC) if requested			
\square I agree to EA providing copies of my medical documentation to the APC if requested			
Please complete:			
Name of Athlete:		D.O.B:	
Have you applied for EA National Classification previously?		☐ Yes	□ No
Signature of Athlete OR		Date:	
Signature of Guardian or Responsible Person if Athlete is unable to		Date:	
sign			
Print Name:			