



Issued for (Wrestler):

VALID FOR: 2020

|                     |  |               |  |
|---------------------|--|---------------|--|
| First name          |  | Last name     |  |
| Wrestling Style     |  | Weight class  |  |
| Nationality         |  | Date of birth |  |
| National Federation |  |               |  |

I. Medical certificate

I, the undersigned, Doctor,

|                              |  |
|------------------------------|--|
| Name (first name, last name) |  |
| Medical speciality           |  |
| Address                      |  |
| Email                        |  |

certify that I have examined the Wrestler designated here above on.....(DD/MM/YYYY).

I certify that this Wrestler has no medical contraindication to compete in the sport of Wrestling in any of the UWW sanctioned events on the Official Calendar as from the date of examination mentioned above. I certify that the information provided in this certificate is accurate. This certificate is done on request by the above-mentioned wrestler for the appropriate legal purposes.

Date, place, doctor's signature and stamp: .....

II. Wrestler's declaration

Pursuant to the *Regulations for the Issuance of the UWW Licence* (article 3) and as a holder of a UWW License, I, the undersigned, undertake to:

- a) Provide accurate personal information for the initial application and/or for each renewal of the Licence;
- b) Comply with the obligations that result from the UWW Constitution, rules and regulations as well as all UWW past and forthcoming decisions and guidelines;
- c) Only compete in Olympic and/or associated Wrestling styles events, and which are recognised or authorized by UWW or by any of its affiliated or associated members;
- d) Compete with respect for my opponent and the Refereeing body, abide by the UWW Rules of Conducts and adhere to the principles of Fairplay;
- e) Observe and comply with the UWW Anti-doping Regulations implementing the World Anti-Doping Code;
- f) In case of dispute in connection with the application of UWW's Constitution, rules and regulations, as well as with UWW decisions and guidelines, and any dispute with UWW, its affiliated or associated members or with clubs, in connection with the participation in the sport of Wrestling, accept that, after exhaustion of any procedure set forth in the applicable UWW Regulations, the exclusive competence of the Court of Arbitration for Sport in Lausanne, Switzerland, excluding all recourse to ordinary courts, including in respect of provisional measures.

By signing this declaration, I also understand and accept that any Personal Data collected and/or processed by UWW will be used only to fulfil the UWW objectives as described in the Constitution, including but not limited to the regulation, the organization, the promotion, the development and the protection (against doping and any form of sports integrity violations) of the sport of Wrestling and associated styles, and will be shared with authorized third parties (for instance Event organizers, Affiliated or Associated National Federations, IMSSA, other Sports Governing Bodies, ITA, Sample Collection Authorities, Doping Control Officers, other Anti-Doping Organisations, Major Events Organisers, etc.). I understand that my Personal Data will solely be used for these purposes and will be treated in strict confidentiality. I have read, understood and I accept the processing of my personal data as describe in the [Data Protection & Privacy Rules](#).

I also understand and accept that, for the purpose of the fight against doping in Sports, I may be subject to anti-doping controls at any place and any time, in accordance with the UWW Anti-doping Rules, the World Anti-doping Code and WADA's International Standards. I finally understand that the UWW Licence includes an insurance for accidents/illnesses occurring abroad that covers only the costs of injury treatment in the country where the competition and injury took place (as well as the costs for possible repatriation of the Wrestler in his/her country of residence) and that it is the responsibility of the Wrestler or his/her National Federation to take out an insurance policy for the covering of the costs for supplementary treatment in his/her country of residence. Additional information and related regulations my rights and obligations as the holder of a UWW license are available on the UWW website ([www.unitedworldwrestling.org](http://www.unitedworldwrestling.org)).

Date (DD/MM/YYYY): .....

Wrestler's signature\*: .....

\* or Parent's/Guardian's signature (if the Wrestler is a Minor or has an impairment preventing him/her signing this form)