



Issued for (Wrestler):

VALID FOR: 2018

First name		Last name	
Style (FS/GR/WW)		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 International Licence* (article 3) and as a holder of a UWW International 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) Compete in Olympic and/or associated Wrestling styles events, only duly authorized by UWW or by any of its affiliated or associated members;
- d) Compete with respect for my opponent and the Refereeing body, and adhere to the principles of Fairplay;
- e) In case of dispute in connection with the enforcement of UWW's Constitution, rules and regulations, as well as all UWW decisions and guidelines, and any dispute with UWW, its Federations or clubs in connection with the participation in the sport of Wrestling, accept the sole competence of the Court of Arbitration for Sport in Lausanne, Switzerland.

By signing this declaration, I also understand and accept that, for the purpose of the fight against doping in Sports, I may be subject to anti-doping controls by United World Wrestling at any place and any time, in accordance with the UWW Anti-doping Regulations, the World Anti-doping Code and WADA's International Standards. I understand that the information that I provide is used exclusively for that purpose, in accordance with WADA's *International Standards for the Protection of Privacy and Personal Information*. I also understand that the UWW Licence includes an insurance that cover 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 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.

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)