

## DECLARATION FORM

for Athlete Support Personnel

I, the undersigned ..... (Athlete Support Personnel 's name), hereby declare that I am in full compliance with the **ICF Policy for the participation of Russian and Belarusian Athletes/Athlete Support Personnel in ICF competitions**, and truthfully declare the following.

1. I read, understood, and accepted the terms and conditions that apply to me according to the respective ICF rules and regulations (ICF Policy, ICF Competition Rules, ICF Anti-Doping Rules etc) and undertake to abide by them.
2. I declare that none of the exclusion criteria set forth in the Policy applies to me and I undertake to comply with the ICF requirements as condition to my participation to ICF competitions until this Policy applies.
3. I declare that I am not contracted to the Russian or Belarusian military or national security agencies and did not support the war in public, on social media or on other occasions and I will fully cooperate with the ICF in case further information is needed to verify my eligibility.

I hereby provide details of my social and digital media accounts for the eligibility check;

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4. I understand that upon approval of the ICF Panel, I will be participating as an Individual Neutral Athlete Support Personnel. Therefore, I won't be wearing any signs, colours on clothing or sportswear associated with Russian or Belarusian identity, flags or other symbols, or any objects or symbols identifying me as Russian or Belarusian.
5. I understand the purpose of this administrative application process, and my rights and responsibilities as an AIN Athlete Support Personnel. I am aware of the sanctions that can be applied in case of non-compliance. I also undertake to inform the ICF if there is a change in my eligibility conditions.
6. I will assist ..... (Athlete's name) as a ..... (technical/medical function) after my approval in the ICF competition.
7. I hereby declare that I sign this declaration freely and voluntarily, without coercion, pressure or duress from anyone, and in full awareness of its content and meaning.

Date: .....

Name: .....

Function: .....

Signature: .....