

## ANTI-DOPING CONSENT FORM

As a member of the International Boxing Association (IBA) and/or a participant in an event authorized or recognized by IBA, 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 IBA Statutes, IBA Competition Rules, IBA Disciplinary Code, IBA 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, as amended from time to time, and published on the respective websites.
2. 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 publicly disclosed by IBA 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.
3. I acknowledge the authority of IBA and its member National Federations and/or National Anti-Doping Organizations under the IBA Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the IBA Anti-Doping Rules and the IBA Disciplinary Code.
4. I acknowledge and agree that any dispute arising out of a decision made pursuant to the IBA Anti-Doping Rules, after exhaustion of the process expressly provided for in the IBA Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the IBA Antidoping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport (CAS).
5. I acknowledge and agree that the decisions of the arbitral 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.
6. 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 IBA, its Delegated Third Parties and 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 IBA, its Delegated Third Parties and 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 IBA and/or WADA ([privacy@wada-ama.org](mailto:privacy@wada-ama.org)), as appropriate.

7. I understand and agree that my information may be shared with authorized service providers and 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 National Anti-Doping Agency.

I have read and understand this declaration.

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date  
(Day/Month/Year)

\_\_\_\_\_  
Print Athlete's Name (Last Name, First Name)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete's Date of Birth  
(Day/Month/Year)

\_\_\_\_\_  
Signature

## IBA MEDICAL CERTIFICATE

Athlete

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Doctor

**NAME:** \_\_\_\_\_

**TITLE/POSITION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STAMP:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

Fit to Box

Not Fit to Box

**QUESTION FOR ATHLETE: IF YES, EXPLAIN**

1. Is a Doctor currently treating you for anything?

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2. Have you ever been unconscious or had a concussion?

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3. Have you been hit hard in the head in the last 6 weeks?

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4. Have you had any headaches in the last 2 weeks?

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5. Do you have any problem with bleeding?

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6. Do you have a history of hepatitis B or hepatitis C, or HIV infection?

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7. Does any disease run in your family? Sudden unexpected deaths?

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8. Have you had any surgery?

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9. Have you ever had to stay in a hospital?

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10. Do you have any medical condition?

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Doctor's Stamp:

MEDICAL CERTIFICATE		ABNORMALITIES		
<b>If Athlete had a Concussion in the past year, please certify that:</b>	Medical Examination following rest period after Concussion was normal Athlete Fit To Box	Normal	Abnormal	
<b>General Medical Exam</b>	List abnormalities not covered in specific system exams below:			
<b>Mental Status/ Psychological</b>	Brief survey	Normal	Abnormal	
<b>Head</b>	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
<b>Neck</b>	Cervical spine, lymph nodes	Normal	Abnormal	
<b>Chest</b>	Breath sounds, rib tenderness on compression	Normal	Abnormal	
<b>Cardio Vascular System</b>	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
<b>Orthopedic System</b>	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
<b>Neurological System</b>	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
<b>Allergies</b>	(record)	Yes	No	
	Type of reaction (record)			
<b>Medications used</b>	Name and dosage (record)	Yes	No	

Any TUE Submitted?

No

Yes (If YES, please explain):

Doctor's Stamp:

## IBA Event Management Protocol During COVID-19 Pandemic

### Declaration of the absence of COVID-19-specific symptoms

Name: .....

Nationality: ..... Date and time

of arrival (DD/MM/YY, HH:MM): ..... Team Covid-19 Manager's

name: .....

Consenting parent\* for minors: .....

Have you noticed any of the following symptoms within the last 14 days (YES or No)? .....

#### Symptoms (YES/NO):

1. Body temperature over 37°C: .....

2. Dry cough: .....

3. Sore throat: .....

4. Sudden onset of shortness of breath: .....

5. Sudden onset of vomiting and/or diarrhoea: .....

6. Sudden onset of articular and/or muscle pain: .....

7. Fatigue without a known cause: .....

Are the following statements TRUE for you (YES or NO)?

8. In the past 1 month, have you or anyone in your household met a presumptive or declared COVID-19 infected person or anyone who got into close contact with such person? .....

9. Is anyone in your household under self or officially imposed quarantine? .....

I hereby declare on my honour that if any of the above symptoms occur at any point during my stay or travel, I will duly and immediately inform my Team's Covid-19 Manager, who shall then inform IBA and the Local Organising Committee's Covid-19 Managers.

Signature: ..... Print

name: ..... Date

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

Team Covid-19 Manager: .....

Athlete / Parent\*

\*Consenting parent: parent, caretaker, authorized person to sign a consent on behalf of the minor.

## IBA Event Management Protocol During COVID-19 Pandemic

### COVID-19 Liability release waiver (Over 18 yrs)

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person to person through respiratory droplets, the IBA has set recommendations, guidelines, and some prohibitions throughout the IBA Events.

The IBA Event Management Protocol during COVID-19 Pandemic applies to all the IBA events' participants. In

consideration of my participation in the IBA events, I, the undersigned,

1. Confirm that I have taken good note of the IBA Event Management Protocol during COVID-19 and hereby undertake to comply with it.

2. Acknowledge and agree to the following:

- I am aware of the existence of the risk to my physical appearance at the venue and my participation in the IBA events that may cause injury or illness, such as COVID-19.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not been, nor any of my relatives, diagnosed to be infected with the COVID-19 virus within the last 30 days.

3. And, following the pronouncements above, I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation in the IBA events, and I recognize that I may be, in any case, be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, and discharge IBA from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any IBA events while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

By signing below, I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved, and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TECHNICAL VIDEO RECORDING AGREEMENT

I \_\_\_\_\_, on behalf of the National Federation of \_\_\_\_\_, acknowledge that IBA has granted the right to record the bouts of the **Mandela African Boxing Cup 2024** in Durban, South Africa, to our nominated delegation members from a dedicated area for technical purposes only.

I confirm that all members of the delegation will be advised and acknowledge that any persons recording bouts from other areas of the stadium may be removed and may have their accreditation rescinded.

I understand that the use of these recordings for commercial use and / or for broadcasting on social media networks is strictly prohibited, and I acknowledge that disciplinary and/or legal action may be taken against individuals and/or National Federations who do so.

Name \_\_\_\_\_

Signed: \_\_\_\_\_

Title (i.e. Team Manager, Coach, etc.): \_\_\_\_\_

National Federation: \_\_\_\_\_

Date: \_\_\_\_\_



## DECLARATION OF NON-PREGNANCY

### Declaration of Non-Pregnancy for Women Boxers aged 18 (eighteen) and older

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name of Competition: \_\_\_\_\_

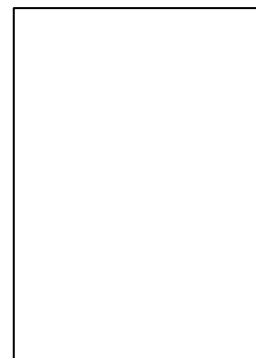
I, \_\_\_\_\_, declare that **I am not pregnant.**

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I, on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against IBA (including its officials and employees), the organisers of the competition (including the Organising Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

Signature of the Boxer: \_\_\_\_\_

**REGISTRATION FORM**  
**TO THE MANDELA AFRICAN BOXING CUP 2024,**  
**DURBAN, SOUTH AFRICA**

Federation: \_\_\_\_\_  
Name of Participant: \_\_\_\_\_  
Date of Birth & Age: \_\_\_\_ (dd)/ \_\_\_\_ (mm)/ \_\_\_\_\_ (yyyy) Age: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Sex: \_\_\_\_\_ Passport No.: \_\_\_\_\_



Role of Participant:

Please tick (✓) the role

Athlete    Team Manager    Coach    Doctor    Physiotherapist    Cut Technician

**I. REGISTRATION**

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the Mandela African Boxing Cup 2024, (hereafter the "Championships"). The Mandela African Boxing Cup 2024 is hosted by the International Boxing Association (IBA) and organised by the South African National Boxing Organisation (SANABO), hereafter collectively referred to as the "Organizing Committee".

**II. SUBMISSION TO IBA REGULATIONS AND THE JURISDICTION OF THE CAS**

In consideration of the Organizing Committee accepting my application, I agree to abide by and follow all Regulations and Rules established by IBA and SANABO.

I understand that any dispute, controversy or claim arising out of, or in connection with the Championships and not resolved after the exhaustion of the legal remedies set forth by IBA, my National Federation, and/or the SANABO shall be exclusively submitted to the Court of Arbitration for Sport (CAS), Lausanne, Switzerland, in accordance with IBA Regulations and Constitution, except for "field-of-play" decisions, which cannot be subject to any appeal to CAS. Recourses to State Courts are expressly prohibited.

**III. WAIVER OF LIABILITIES**

I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the Championships. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the Organizing Committee, its officers, agents, representatives, volunteers, judges and referees and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as a result of or in connection with my participation in the Championships. I fully understand that all medical attention or treatment afforded to me by the Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the Organizing Committee its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain my own medical coverage.

**IV. IMAGE RIGHTS**

I agree that my performance, attendance, and participation at the Championships may be filmed or otherwise recorded or released or telecast live. I consent to allow the Organizing Committee to use of my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby waive any compensation in regard there of as well as any future rights to the aforementioned.

**V. DATA PROTECTION**

I acknowledge that the Organizing Committee, and any third parties contracted by them, may collect, store, process, use and disclose to third parties any personal information including, but not limited to my name, date of birth, contact details, image, historical and statistical data related to my affiliation, as well as to my participation, in any capacity, in these Championships, to the extent necessary or helpful to the organisation of the event. The Organizing Committee may create and update my personal data in any other way in which I have provided or will provide my express consent or as may be required by law.

I am aware that I can ask to have access to any of my personal data and that I am entitled to request their rectification to correspond to the truth. I have been duly informed and understand that the Organizing Committee may disclose personal information to third parties where such disclosures are required by law, informational purposes or deemed otherwise necessary. I am also entitled to object and refuse at any time the processing of my personal data, as described above, by written and signed communication sent to IBA, bearing in mind that such refusal may affect my participation in IBA competitions. I can request that all my personal data collected by the Organizing Committee be erased, notably if and when such personal information is no longer relevant.

**VI. OTHER FORMS**

As a condition of my participation in the Championships, I have taken due note, and I agree to sign the following mandatory forms exhibited on this application form:

- (A) Antidoping consent form (Boxers)
- (B) Medical certificate (Boxers)
- (C) Declaration of Non-Pregnancy
- (D) COVID-19 forms (two) (All participants)
- (E) Code of Conduct (All participants)
- (F) Declaration of Fit to Box (Boxers)

Anyone willing to record the bouts for technical purposes only will be required to fill in the following additional form:

- (F) Technical video recording agreement (One per team)

I have read and fully understand this form and its exhibits, including the arbitration clause and waivers listed above.

(Signature of Parent or Legal Guardian is required if the participant is under 18)

Name of Participant

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of Participant

## DECLARATION OF FIT TO BOX FORM

Last Name:	First Name:	Country:
Date of Birth:	Age:	Mobile no:

**ANSWER ALL QUESTIONS**

Have you ever been admitted to Hospital? Yes      No  
 Have you had medical treatment for anything in the last 3 months? Yes      No

**Have you suffered from any of the following?**

Any eye disorders or operations (including laser eye surgery)? Yes      No  
 Any broken bones or cuts needing treatment in the previous 6 months? Yes      No  
 Epilepsy or any other type of fit, faint, convulsion or black-out? Yes      No

**How are you today?**

Are you taking any medication now? Yes      No  
 Do you presently have a cough, cold or runny nose? Yes      No  
 Have you been unwell in the last month? Yes      No  
 When did you last box?  
 Were you injured at that time? Yes      No  
 After your last bout, were you medically suspended for any reason? Yes      No  
 Do you understand the sport-specific medical risks of boxing? No      Yes  
 Do you wish to box today? No      Yes  
 WOMEN ONLY – can you confirm you are not pregnant? No      Yes

Boxer's Signature:	Dated:
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<b>DOCTOR'S EXAMINATION NOTES</b>	General:
Hands:	Eyes:
ENT (incl gum shield fit etc):	
<b>CONFIRMED FIT TO BOX : YES / NO</b>	Date/Time of Medical
Doctor's Signature:	Name:
Country:	IBA certified date:

Keep this form ringside for making contemporaneous notes of pre-, intra- and post-bout medical aspects, to be transposed as and when appropriate.

Space for making contemporaneous ringside notes during the bout and of the post-bout examination findings can be found below:

In-Bout Notes:

Signed:

Dated:

Name:

Post Bout Medical Notes:

Signed:

Dated:

Name:

## Code of Conduct

In keeping with our continuous improvement and governance protocols, IBA hereby requests your fullest agreement in your capacity as a Boxing Competition Official, Team Official, Boxing Athlete or Delegate, to the following Code of Conduct, which will apply for the duration of this championship event, directly under the governing authority of IBA.

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## Integrity

- 1.0** I shall ensure that my conduct may not in any manner tarnish the reputation of the sport of boxing or IBA
  - 1.1** I shall in all instances, respect all event regulations set by both IBA and the LOC for this championship event.
  - 1.2** I shall not collude or collaborate with any party by violating any technical or hereby other rules of the sport or the IBA Disciplinary and Ethics Code.
  - 1.3** I shall always conduct myself in a professional manner, respecting the organisation, the appointed Technical Delegate, all officials, and competitors to the event. This includes those supporting the LOC.
  - 1.4** I shall not in any circumstances, directly or indirectly, solicit, accept, or offer any form of remuneration or commission, nor any concealed benefit, service or gift of any nature that could be considered as a bribe or undue influence.
  - 1.5** I shall not bet on any part of the boxing competition, bouts, or anything that would conclude a decision of a contest; nor shall I share inside information at any time and in any circumstance
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## Reporting Obligations

- 2.0** I must immediately upon receipt, report any approaches or offers, such as those described under paragraphs 1.4/1.5, directly to the Technical Delegate or to the IBA appointed staff. Direct communication can also be made to the following email address [integrity@iba.sport](mailto:integrity@iba.sport) or by using the dedicated form on IBA official website.

## Harassment

- 3.0** I shall not enter into any form of harassment or abuse, be it physical, professional, or sexual, and cause or instigate any physical or mental injuries outside of the competition. In this respect, I am aware of the IBA Anti- harassment Policy.
  - 3.1** I shall not discriminate against anyone based on race, colour, religion, gender, age, national origin, disability, or sexual orientation.
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## Responsibilities of Boxing Competition Officials

- 4.0** Any information deemed confidential I may receive from IBA or may learn in the course of my duties as a Boxing Competition Official, must remain totally confidential and must not be disclosed.
- 4.1** I shall not become intimate or enter into any relationship with officials, boxers and/or coaches and seconds and/or other team delegation members. I shall not behave in any way which shall cast doubt on my impartiality as a Boxing Competition Official.
- 4.2** In the event that I have any type of relationship with officials, boxers and/or coaches and seconds and/or other team delegation members, I must immediately disclose this

relationship(s) to IBA in writing at [integrity@iba.sport](mailto:integrity@iba.sport) I accept in advance that due to this relationship(s); I may not be allowed to further participate within the competition.

- 4.3 I shall fulfil my duties at the highest level. I shall never take biased decisions impacting the course of the outcome of the competition.
- 4.4 I shall not communicate with anyone about any event related issue within the competition venue and/or any other location of the full duration of the Championships and post event, especially to persons from my own country such as National Federation members, Board members, the media, the public. I shall not comment about any competition related issue on social media during or post event, nor shall I display any photographs during the Championships that may cause any kind of conflict or undue comment.
- 4.5 I shall be on time for all appointed competition duties assigned to me.
- 4.6 I shall be available to attend any Boxing Competition officials' meetings on or before the respective competition days.
- 4.7 I shall fulfil all duties assigned to me by the Technical Delegate with absolute due diligence.
- 4.8 I shall not use nor carry any electronic communication device, including but not limited to a mobile phone, a laptop, and a tablet computer, inside the competition venue. Exceptionally, the R&J Evaluators and Observers may use laptops to perform their official duties. Ringside Doctors are the exception based on their role requirements.
- 4.9 I shall always maintain a professional appearance when performing my duties as a Boxing Competition Official.
- 5.0 I shall not criticise or attempt to explain calls or decisions made by any Boxing Competition Official, including myself, unless requested to do so by the Technical Delegate.
- 5.1 I shall not be under the influence of alcohol or drugs, which will alter my judgement, while officiating or participating in any IBA competitions, including all related meetings, seminars, refresher training and weigh-in duties.
- 5.2 I shall not smoke in the competition venue, or any area not designated as such for smoking.

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## Interpretation and Sanctions

- 6.0 I agree to be bound by this Code of Conduct and the IBA Disciplinary and Ethics Code and the IBA Anti-Harassment Policy; I acknowledge that any infringement of this code may be referred to the IBA Ethics Committee and/or AIBA Disciplinary Committee and may lead to disciplinary measures and sanctions taken against me.
- 6.1 I also understand that at any point during an alleged breach of the Code of Conduct and/or breach of the IBA Code of Ethics / IBA Disciplinary Code during the competition, that my accreditation may be suspended or removed without prejudice whilst an investigation is initiated or ongoing.

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Role (Circle one\*): Athlete\*/Team Official\*/Competition Official

NOC code: \_\_\_\_\_  
(Athletes and Team Officials only)

Date: \_\_\_\_\_  
(dd/mm/yyyy)

