

## UNDER 18 SAMPLE COLLECTION CONSENT FORM

*This form must be completed by both the athlete and his/ her parent in all cases where the athlete is under the age of 18 (eighteen)*

Please complete in BLOCK CAPITALS

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### To be completed by Athlete:

I .....<sup>1</sup> have read and understood the UKA anti-doping rules and I hereby:

- (a) consent and agree to the taking of a blood or urine sample from me for the purposes of official anti-doping testing (whether such testing is organised by UKA, UK Anti-Doping, IAAF, WADA, IOC, IPC and Commonwealth Games Federation or any other official body); and
- (b) agree that I am bound by and will comply with the provisions set out in UKA's anti-doping rules (available in full on the UKA website [www.britishathletics.org.uk/cleanathletics](http://www.britishathletics.org.uk/cleanathletics)) and will submit to the authority and jurisdiction of UKA and any agents appointed by UKA, including UK Anti-Doping, to apply, police and enforce the rules.

Full Name of Athlete: .....,.....

Date of Birth: .....

Signature: .....

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### PARENTAL CONSENT

#### To be completed by Parent / Guardian:

I .....<sup>2</sup> declare that I am the person having parental responsibility for the athlete named above and that I have full capacity to give consent to the taking of a blood or urine sample from the athlete for the purposes of UKA's Anti-Doping Rules. I hereby give consent to such testing and acknowledge that the athlete is bound by UKA's Anti-Doping rules.

Full Name of Parent / Guardian: .....

Signature of Parent / Guardian: .....

Dated: ..... 20 .....

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<sup>1</sup> Insert full name of athlete

<sup>2</sup> Insert full name of parent/ guardian



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