



ELIGIBILITY CODE/WAIVER

Guam National Olympic Committee
715 Route 8 Maite, GUAM 96910
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Black or Blue Ink, Type or Print Legibly in CAPS

FAMILY NAME																SEX	
<div></div>																M F	
GIVEN NAME(S)																DATE OF BIRTH (mm/dd/yy)	
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SPORT DISCIPLINE																CHECK ONE BELOW (✓)	
<div></div>																COMPETITOR <input type="checkbox"/>	
																TEAM OFFICIAL <input type="checkbox"/>	
																NOC OFFICIAL <input type="checkbox"/>	

I will abide by all rules, regulations, and policies established by the Guam National Olympic Committee (GNOC), the Olympic Council of Asia (OCA), International Federation (IF), or as set forth by the organizing committee of any event I compete or training program in which I'm enrolled; including the GNOC athlete/coach/official selection criteria, handbook and residency guidelines. Should I violate any such rules, regulations and policies, I will be subject to the discipline of my National Olympic Committee, member nation, the OCA, AG, IF, or organizing committee, which may include depriving me of the opportunity to compete, coach or officiate as a member of my sport delegation or any other sport federation, now and in the future.

INITIALS

I will do nothing to unreasonably endanger the safety of the other members and participants of the events I compete in, and will conduct myself so as not to bring discredit or embarrassment upon my country or the GNOC, OCA, AG, IF, or Event organizing committee.

INITIALS

I will undertake all reasonable measures to protect myself from the risk of participation. I accept the risk of all injuries that I may suffer during competition and/or training in my participation in the events and/or training programs, including and during travel to and from Guam and during my stay in the host country while participating in sport competition, or otherwise. I hereby release the GNOC, OCA, AG, IF, organizing committee, its officers, directors, sponsors and representatives from all liability from any injury suffered by me unless caused by willful or reckless conduct of the OCA, AG, IF, Organizing Committee or GNOC, its officers, directors, officials and/or representatives.

INITIALS

In the event I am injured and am unable to expressly consent to medical services, I hereby authorize the GNOC, OCA, AG, IF, Organizing Committee and/or its representatives to consent to the services required for me. I will abide by the judgment of such person as is necessary and proper under the circumstances.

INITIALS

I agree to submit to drug testing as required in international competition to be conducted by the World Anti-Doping Agency (WADA), Oceania Regional Anti-Doping Organization (ORADO) and as required by the IF governing my sport. I understand that I can find the WADA Prohibited List at the following website: <https://www.wada-ama.org/> and to view the Prohibited List for 2020-2021, go to: <https://www.wada-ama.org/en/resources/science-medicine/prohibited-list>.

INITIALS

In the event of any injury to me, I agree to pay all charges and fees for medical services provided (except to the extent such services are covered by insurance provided by the GNOC and/or the OCA/AG/IF/Organizing Committee).

INITIALS

I agree that I am responsible for all property I bring to the event/program sites and that the GNOC, Organizing Committee, and the Government of the Host Country accept no responsibility for any loss or damage to this property. I release all those parties (and their respective executive members, directors, officers, employees, volunteers, contractors or agents) from any liability for any loss, damage, personal injury, death, economic loss or consequential loss whether in tort, in contract, under statute or otherwise, for any default, failure or negligence (to the extent permitted by law) in relation to my participation in the event/program.

INITIALS

Understanding that as a competitor/trainee/coach/trainer/official in the event/program, I am participating in an event/program which has ongoing international and historical significance, and in consideration of the acceptance of my participation therein, I agree to be filmed, televised, photographed and otherwise recorded during the event and during training or special events leading to the Games.

INITIALS

The relevant provisions and rules have been brought to my attention by my National Olympic Committee (NOC), participating country and my National Sports Federation (NF).

INITIALS

ACCEPTANCE OF BINDING ARBITRATION

I agree that any dispute, not resolved after exhaustion of the rules established by the GNOC or participating country, the IF governing my sport, OCA, AG and Organizing Committee, shall be submitted exclusively to the Court of Arbitration in accordance with the code of Sports- Related Arbitration. The CAS has the exclusive power to determine its own jurisdiction and to make orders for provisional or conservatory measures. The decisions of CAS shall be final, applicable and enforceable. I shall not institute any claim, arbitration or litigation or seek any other form of relief in any other court or tribunal.

INITIALS

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS AND AGREE TO BE BOUND BY THEM.

Signature of Competitor/Trainee/Coach/Trainer/Official

Date

Signature of parent or guardian, if participant is under 18 years of age

Date

Signature of National Federation President or Secretary General

Date

Signature of NOC President or Secretary General

Date