ATHLETE SHOES DECLARATION

Name and date of Race:

MALMÖ ★INVITATIONAL

| Me | ember Federation of A | :hlete: |
|-----|--|-------------------------|
| Ev | ent / Gender: | |
| Gi | ven Name, FAMILY N | AME: |
| | | |
| Ιd | eclare, agree and acki | nowledge that: |
| a. | the shoes I will compe | te in at the event are: |
| | Company | |
| | Model | |
| | Size | |
| | Colour | |
| | Orthotics (i.e. if you have an insole for medical reasons) | |
| b. | I confirm / have been advised by my coach / shoe provider / Athlete Representative verbally / in writing (please circle or underline) that my competition shoes comply with the requirements set out in Rule 5 of the Technical Rules; | |
| C. | I will follow the shoe check procedure at the event and understand that, even though the shoes are checked, they could be submitted for further random tests or full testing after I have finished competing; | |
| d. | I cannot change my shoe for another shoe without having the replacement shoe checked in accordance with Rule 5 of the Technical Rules and in accordance with the kit and shoe check procedure at the event. I understand that it is at my risk, if I change my shoes without having them checked; | |
| e. | After I have finished competing, the Referee has the right to request that I submit my shoe for further tests by an independent laboratory. I acknowledge and understand that, to confirm compliance with the requirements set out in Rule 5 of the Technical Rules, the further tests carried out by the independent laboratory may include the shoes being cut up. | |
| Da | ate: | |
| Sig | gnature (Athlete): | |