

**CONFIDENTIALITY AND ETHICAL COMPLIANCE AGREEMENT FOR
NATIONAL REPRESENTATIVES (INCLUDING INTERPRETORS)
ATTENDING AN EVALUATION SESSION**



Competition / Event: _____

Date: _____ Location: _____

Athlete Name: _____

Representative Name: _____

Role of Representative: Team Manager Coach Interpreter

Medical National Classifier

National Federation: _____

1. Purpose of this Agreement

This agreement outlines the responsibilities and ethical obligations of athlete representatives (team manager, coach, or interpreter) accompanying an athlete during the classification process at a World Boccia Covered Event. The agreement ensures confidentiality, integrity, and adherence to the International Paralympic Committee (IPC) Code.

2. Confidentiality

I, the undersigned, acknowledge that the classification process is confidential and that:

- I will not record, photograph, or transmit any part of the classification assessment by any means, including audio, video, or written notes.
- I will not disclose any details regarding the classification process, discussions, or outcomes to unauthorized persons.

3. Ethical Compliance

I confirm that:

- I will provide truthful and accurate information during the classification process.
- I will not encourage, assist, or participate in any form of deception or misconduct that may lead to an inaccurate classification of the athlete.
- I will not interfere with the classification process or attempt to influence the classifiers' decisions in any way.
- I will uphold the principles of fair play and integrity in line with the IPC Code and World Boccia regulations.

4. Identification and Authorization

I acknowledge that:

- I must present a valid passport or official accreditation card to verify my identity.
- I have been appointed by the National Federation to act as the athlete's representative.
- My role as a representative does not grant me authority to dispute or alter classification decisions outside the designated protest or appeal processes.

5. Agreement and Signature

By signing below, I confirm that I have read, understood, and agree to abide by the terms outlined in this agreement.

Representative Signature:

Date:

Chief Classifier Signature:

Date:

This agreement is to be submitted before the classification process begins. Failure to comply with these terms may result in the representative being removed from the classification session.