[LOGO OF RACE]

ATHLETE SHOES DECLARATION

Name and date of Competition:

Member Federation of Athlete:

Ev	ent / Gender:	
Giv	en Name, FAMILY NA	ME:
	eclare, agree and acknown	
	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 / i writing (please circle or underline) that my competition shoes comply with the requirements set ou 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 then 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	te:	
Signature (Athlete):		
	,	