I, ……………………………………… [print name], wish to compete in the men’s competition category in Water Polo and/or High Diving in accordance with World Aquatics’ Policy on Eligibility for the Men’s and Women’s Competition Categories.

I have read and understood and agree to comply with the Policy and the Operational Requirements appended to the Policy.

I acknowledge and accept the possible increased injury risk associated with transgender men competing in the men’s competition category in Water Polo alongside males who are statistically likely to be stronger, faster, and heavier than transgender men.

AND/OR

I acknowledge and accept the possible increased injury risk associated with transgender men competing in the men’s competition category in the High Diving given the demands of the discipline.

I acknowledge and agree that it is my sole personal responsibility to determine whether I have the physical abilities to safely participate in the men’s competition category in Water Polo and/or High Diving.

I understand and acknowledge that World Aquatics strongly recommends that I speak to a qualified medical specialist prior to competition to ensure my physical ability to participate in the men’s category and to ensure that I understand the attendant risks.

I acknowledge and agree that I am voluntarily assuming the risk that I might suffer loss, injury, death, or other damage as a result of my participation in the men’s competition category, including (without limitation) any possible increased risk due to my status as a female-to-male transgender athlete. I hereby waive and release World Aquatics and all persons and entities involved in any way in World Aquatics Competitions (including, without limitation, all of their respective members, directors, officers, employees, volunteers, contractors, and agents) from any claim of liability in respect of such loss, injury, death, or other damage.

Athlete name: ………………………………………

Athlete National Federation: ………………………………………

Athlete signature: ………………………………………

Date: ………………………………………

If the athlete is under the age of eighteen, this form must be signed on the athlete’s behalf by the athlete’s legal proxy.

Proxy name: ………………………………………

Proxy signature: ………………………………………

Proxy relationship to athlete: ………………………………………

Date: ………………………………………

Please complete this form and return it to [eligibility@worldaquatics.com](mailto:eligibility@worldaquatics.com)