

HYROX

WORLD SERIES OF FITNESS RACING

HYROX WORLD GMBH Therapeutic Use Exemption (TUE) Application Form

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. Athlete Information

Last Name: _____	First Name(s): _____
Female: <input type="checkbox"/> Male: <input type="checkbox"/>	Date of Birth: _____ <i>(dd/mm/yyyy)</i>
Address: _____	
City: _____	Country: _____
Postcode: _____	Telephone: _____ <i>(with International code)</i>
E-mail: _____	
Sport: _____	Discipline: _____

2. Previous Applications

Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?

Yes No

For which substance(s) or method(s)? _____

To whom? _____ When? _____

Decision: Approved Not approved

3. Retroactive Applications

Is this a retroactive application?

Yes

No

If yes, on what date was the treatment started? [Click or tap here to enter text.](#)

Do any of the following exceptions apply? (Article 4.1 of the ISTUE):

- 4.1 (a)** - You required emergency or urgent treatment of a medical condition.
- 4.1 (b)** - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.
- 4.1 (c)** - You were not permitted or required to apply in advance for a TUE as per HYROX anti-doping rules.
- 4.1 (d)** - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.
- 4.1 (e)** - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See Prohibited List)

Please explain (if necessary, attach further documents)

Other Retroactive Applications (ISTUE Article 4.3)

In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.

Physician to complete sections 4, 5 and 6.

4. Medical Information (please attach relevant medical documentation)

Diagnosis (Please use the WHO ICD 11 classification if possible):

5. Medication Details

Prohibited Substance(s)/Method(s) <u>Generic name(s)</u>	Dosage	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				
4.				
5.				

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.

If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.

HYROX-World is following the TUE guidelines of WADA (World anti Doping Agency).

WADA maintains a series of TUE Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term "Checklist" on the WADA website: <https://www.wada-ama.org>.

6. Medical Practitioner's Declaration

I certify that the information in sections 4, 5 and 6 is accurate. I acknowledge and agree that my personal information may be used by HYROX-World, or Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings.

Name: _____

Medical specialty: _____

License number: _____

License body: _____

Address: _____

City: _____

Country: _____

Postcode: _____

Telephone: _____
(with International code)

Fax: _____

E-mail: _____

Signature of Medical Practitioner: _____

Date: _____

7. Athlete's Declaration

I, _____, certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: HYROX-World responsible for making a decision to grant, reject, or recognize my TUE by respect the ISTUE; the physicians who are members of the decision making Committees, who may need to review my application in accordance with the HYROX Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

I further authorize _____ to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice (below) explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

Athlete's signature: _____

Date: _____

Parent's/Guardian's signature: _____

Date: _____

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete)

Instructions to HYROX-World for Privacy Notice
(Please remove this box from your application once completed)

[With respect to the TUE Privacy Notice (below), HYROX-World is encouraged to:

- ⇒ Adjust the following line to add a link to their detailed privacy notice: *“You may also consult HYROX-World where submit your TUE application to for more details about its processing of your PI¹”* (under “Types of Recipients”;
- ⇒ Replace or adjust the text of the “Fair & Lawful Processing²” Section with the list of relevant legal grounds specific to your jurisdiction).

TUE Privacy Notice

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

TYPES OF PERSONAL INFORMATION (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by HYROX World and their TUE Committees and other TUE experts, including communications with you and your physician(s), or support personnel regarding your application.

PURPOSES & USE

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the HYROX Anti-Doping Code (HYROX-ADC), regarding the International Standards, and the World Anti-Doping Code This includes in rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

TYPES OF RECIPIENTS

Your PI, including your medical or health information and records, may be shared with the following:

- HYROX-World responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). Members of the TUE Committees (TUECs) of HYROX-World; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of HYROX-Worldstaff will receive access to your application. HYROX-World must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult HYROX-World to which you submit your TUE application to obtain more details about the processing of your [PI](https://hyroxdach.com/privacy-policy/) (https://hyroxdach.com/privacy-policy/).¹

FAIR & LAWFUL PROCESSING

When you sign the Application for Athlete License, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, HYROX-World and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice. Alternatively, HYROX-World and these other parties may rely upon other grounds recognized in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.²

RIGHTS

You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your PI is based on your consent, you can revoke your consent at any time. To do so, you must notify HYROX-World and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as HYROX-World will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for HYROX-World to continue to process your PI to fulfill obligations under the HYROX Anti-Doping Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

SAFEGUARDS

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, HYROX-World staff must also sign confidentiality agreements, and HYROX-World must implement strong privacy and security measures to protect your PI. The ISPPPI requires HYROX-World to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in our HYROX Privacy policy.

RETENTION

Your PI will be retained by HYROX-World for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

CONTACT

Consult _____³ at _____³ for questions or concerns about the processing of your PI. To contact HYROX-World, use datenschutzbeauftragter@hyrox.com.