



**IPC Swimming  
Classification Waiver**

Name of Competition: \_\_\_\_\_

Date of Competition: \_\_\_\_\_

I, \_\_\_\_\_ [printed name of the athlete], agree to waive my option to protest under the IPC Swimming 24 month ruling regarding a newly acquired disability in order to be classified on \_\_\_\_\_[date].

I may choose to protest my classification in the future; however, the 24 month rule may not be used as the reason for a protest.

\_\_\_\_\_  
Signature of Swimmer

\_\_\_\_\_  
Signature of Witness