

NATIONAL ARCHERY ASSOCIATION ATHLETE CODE OF CONDUCT

In consideration of the participation in activities of the National Archery Association (NAA), membership on teams organized, sponsored or sanctioned by the NAA, and participation in competitions (international or domestic), camps, clinics, exhibitions, programs or appearances for, on behalf of or in representation of the NAA, I _____, acknowledge, understand, and agree to abide by this Athlete Code of Conduct and pledge to uphold the spirit of this Code of Conduct, which offers a general guide to my conduct.

Therefore, I pledge and agree to the following:

1. I will at all times display the conduct expected of me as an athlete and a representative of the NAA and conduct myself in a manner that will not in anyway bring disrespect, discredit, or dishonor to either myself, my teammates, the NAA, my country or organizer of an event in which I participate.
2. I will conform to all applicable local, state, and federal laws and regulations, and any rules, regulations, and codes that may be established for events, programs, and activities in which I participate, including those of the NAA, the Federation Internationale de Tir a l'Arc ("FITA"), the United States Olympic Committee ("USOC"), and any organizer of an event in which I participate.
3. I will act in a sportsmanlike manner consistent with the spirit of fair play and responsible conduct.
4. I will maintain a level of fitness and competitive readiness which will permit my performance to be at the maximum of my ability.
5. I will refrain from conduct detracting from my ability or that of my teammates to attain peak performance.
6. I will respect the property of others whether personal or public.
7. I will respect members of my team, other teams, spectators and officials, and engage in no form of verbal, physical or sexual harassment or abuse.
8. I agree to drug testing by the United States Anti-Doping Agency (USADA), NAA, FITA, the IOC or the World Anti-Doping Agency (WADA) or any other agency with applicable jurisdiction for drug testing any sanctioned event or activity in which I participate as a team member or individual. I acknowledge that I am subject to the USADA Protocol for Olympic Movement Testing. If I refuse drug testing or fail to report for scheduled drug testing, this will carry the same sanction as having tested positive for a banned substance. 2

9. I realize that if I choose to take actions other than those described herein, I will be subject to disciplinary action and that the consequences of my actions could possibly affect my opportunities as an athlete and NAA membership in the future. In addition to the foregoing, but not by way of limitation, the following could result in disciplinary proceedings:

- A. Transporting, possession, or unauthorized use of alcoholic beverages, illegal drugs, any IOC or FITA banned medication or substances, or any substances or procedures in violation of the USADA Protocol.
- B. Any physical damage to facilities, equipment, furnishings, or loss of items in a room where I am lodged, which will be paid for by those individuals assigned to the room in which the damage or loss occurs, including destruction of property (including that caused by horseplay, fighting, or willful misconduct etc.).
- C. Any act considered to be an offense under federal, state, or local laws; or a violation of the applicable rules, regulations, or codes of the NAA, FITA, the USOC, USADA or the organizer of an event in which I participate.
- D. Misconduct (*i.e.*, inappropriate horseplay, theft, fighting, etc.).

I recognize that this Code does not establish a complete set of rules which prescribes every aspect of appropriate behavior.

Signature of Archer Date

PARENTS/LEGAL GUARDIANS OF MINORS

This is to certify that I, as parent/legal guardian of Archer, have had sufficient opportunity to review the provisions of this Athlete Code of Conduct; understand its purpose, meaning and intent; and have explained to my son/daughter/ward the aforementioned stipulated conditions and their meaning and ramifications.

Parent/Legal Guardian Signature Date

Name: _____

Address: _____

Telephone: _____