



**Declaration of authorisation insight personal medical file**

I, (name rider) .....cyclist with license number ....., authorize the medical staff that represents Professional Cycling Team, "Team MILRAM" (with its registered office "Velocity GmbH" at, schirrmannweg 10, 44267 Dortmund-Hochsten, Germany), to have complete and unconditional insight in my personal medical file that is present at the UCI (Union Cycliste Internationale), WADA (World Anti Doping Agency), NADA (National Anti Doping Agency, NOC (National Olympic Committee) or every other official source where my medical file is present.

I understand and comply with the fact that the teams medical staff needs to evaluate this file and that this evaluation may be part of the recruitment parameters.

Furthermore I declare to strongly disapprove of drug abuse, drug traffic or any unauthorised or (para)medical measure that is in violation with the going anti-doping regulations in sports or that are in conflict with ethics and "fair play conception" of sports in general and professional cycling in particular.

Signed:.....

Place:.....

Date:.....