

Norwich University Department of Athletics
Drug Testing Program Administration
Student-Athlete Consent Form

I, _____, hereby acknowledge that I have received a copy of, read and been given the opportunity to ask questions regarding the Drug Testing Program implemented for the Department of Intercollegiate Athletics at Norwich University. I understand the policies, procedures and my responsibilities as described in the policy.

I consent to participate in the Drug Testing Program at Norwich University. I understand that my participation in this program may include the collection and testing of my urine at various times during the 2003-2004 academic year for drugs and/or other banned substances.

I further consent to the release of the results of any drug test to the Director of Athletics, the Senior Woman Administrator, the Head Coach, the Head Athletic Trainer, Team/University Physician, Deputy Commandant/Dean of Students, the Vice President for Student Affairs, the Commandant, and to my parent(s) or guardian(s). I acknowledge and understand that a copy of this consent form will be sent to my parent(s) or guardian(s). A copy of the Drug Testing Program Policy can be found in the Student-Athlete Handbook and on-line at www.norwich.edu/policy/athletic. You can also request a copy of this policy by contacting the Norwich Athletic Department at 802-485-2230. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

Norwich University, its Officers, Employees, and Agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this consent form. I fully and forever release and discharge the aforementioned parties from any claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from my participation in this program.

Student-Athlete Signature

Date

Printed Name of Student-Athlete

Date of Birth

Social Security Number

Sport(s)

Witness

Date

Parent/Guardian Signature (if a minor)

Date