



SPORTS MEDICINE

Alcohol, Tobacco and Other Drug Policy

I/We, the undersigned, agree that _____ will participate in a standardized testing program as required under the University of Cincinnati, Department of Athletics, Alcohol, Tobacco and Other Drug Policy. This program includes witnessed urine sample collection to detect the use of both drugs and alcohol during the student-athlete's participation in intercollegiate athletics at the University of Cincinnati.

I/We, hereby waive any applicable provisions of the Family Education Privacy Act for participation in this program, only to the extent as may be herein provided, and consent to the disclosure of the results of the tests undergone as required for purposes of the Intervention Process outlined in the Department of Athletics Alcohol, Tobacco and Other Drug Policy. No further waiver or consent is contemplated hereby, and access to the results by others will be resisted to the fullest extent permitted by law.

I/We, hereby release fully the University of Cincinnati, its Board of Trustees and its officers, employees and agents from any liability for the release of Dependency and Abuse as consented to herein.

It is further understood that it is mandatory for the athlete to participate in the departmentally approved substance dependency and abuse educational program.

I/WE, HAVE RECEIVED AND UNDERSTAND THE UNIVERSITY OF CINCINNATI DEPARTMENT OF ATHLETICS ALCOHOL, TOBACCO AND OTHER DRUG POLICY. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND/OR HAVE THE POLICY EXPLAINED TO ME. I UNDERSTAND THAT NOT FOLLOWING THIS POLICY MAY LEAD TO SUSPENSION OR PERMANENT DISMISSAL FROM THE TEAM. I/WE HAVE ALSO RECEIVED A COPY OF THE NCAA BANNED SUBSTANCES AND UNDERSTAND THIS LIST IS NOT EXCLUSIVE.

Print Name: _____ Date: ____/____/____

Signature: _____

Parent/Guardian/Spouse Signature: _____

(Required if student-athlete is under the age of 18)