

Appendix A

**La Salle University Department of Athletics  
Alcohol and Drug Testing Program Administration  
Student-Athlete Consent Form**

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I, \_\_\_\_\_, hereby acknowledge that I have received a copy  
Name (please print)  
of, read and been given the opportunity to ask questions regarding the Drug Testing and Substance Abuse Program implemented for the Department of Athletics at La Salle University. I understand the policies, procedures and my responsibilities as described in the policy.

As a condition to my participation in intercollegiate athletics at La Salle University during the 2007-2008 academic year, I consent to participate in the Alcohol, Tobacco and Other Drug Education and Testing Program at La Salle University. I understand that my participation in this program includes the collection and testing of my urine at various times during the 2007-2008 academic year for drugs, alcohol, and/or other banned substances.

I understand that my participation in this program will require that I participate in the Alcohol and other Drugs Program and the Alcohol Awareness Project at the La Salle University Counseling Center should I test positive for a banned substance. I further understand that the Alcohol and other Drug Program will notify the Director of Athletics and/or his designee should I fail to attend a required counseling session or should I fail to comply with my counseling treatment plan. I consent to the release of this information from the Alcohol and other Drug Program to the Director of Athletics and or his designee.

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, Assistant Athletic Trainers, Team Physician, Dean of Students and his designee and 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) along with a copy of the Alcohol, Tobacco and Other Drug Education and Testing Program Policy. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

La Salle 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.

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\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student-Athlete

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sport(s)

\_\_\_\_\_  
Parent/Guardian Signature (if a minor)

\_\_\_\_\_  
Date