

**University of Massachusetts Lowell  
Department of Athletics  
Drug Education & Testing Program  
Student-Athlete Consent Form**

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I, \_\_\_\_\_, hereby acknowledge that I have received a copy of, read and been given the opportunity to ask questions regarding the Drug/Alcohol Education & Testing Program implemented for the Department of Intercollegiate Athletics at **UMass Lowell**. I understand the policies, procedures and my responsibilities as described in such policy.

As a condition to my participation in intercollegiate athletics at **UMass Lowell**. I consent to participate in the Drug/Alcohol Education & Testing Program. I understand that my participation in this program includes the collection and testing of my urine at various times during academic year for drugs, alcohol, and/or other banned substances.

I further consent to the release of the results of any drug test to the Director of Athletics or his/her designee, Associate Director of Athletics, my Head Coach, the Head Athletic Trainer and/or Assistant Athletic Trainers, Team Physician, Appeals Committee, Dean of Student’s Office, and/or my parent(s) or guardian(s). I acknowledge and understand that a copy of this consent form may be sent to my parent(s) or guardian(s) along with a copy of the Drug Education & Testing Program. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

I further agree to voluntarily provide information to the Director of Athletics (or designee) regarding any alcohol/drug related convictions I sustain while a member of a UMass Lowell intercollegiate athletic team. I also consent to allow Student Affairs professionals at UMass Lowell to share information regarding alcohol/drug offenses I may be accused of while on or off campus.

I fully understand that the **UMass Lowell** Drug/Alcohol Education & Testing Program is separate and distinct from the NCAA drug-testing program and its sanctions, however, I also understand that sanctions may be imposed by **UMass Lowell** under its Drug Education & Testing Program upon a positive result under the NCAA drug-testing program.

Notwithstanding anything to the contrary in the policy, I fully understand that I may be suspended from competition and/or practice by the team physician if credible evidence suggests that such competition and/or practice poses a health and safety risk to myself, my teammates, and/or my competitors.

**UMass Lowell** its officers, employees, and agents are hereby released from legal responsibility and/or liability for the release of any information and/or record 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 **UMass Lowell’s** Drug Education & Testing Program including those claims, demands, rights of action, or causes of action arising out of any positive result under such Drug Education & Testing Program.

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

\_\_\_\_\_  
Date

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

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

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

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

\_\_\_\_\_  
Primary & Secondary phone numbers. **You must keep updated phone numbers on file with department.**

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

\_\_\_\_\_  
Date