



Department of Athletics
Sports Medicine

STUDENT-ATHLETE SUPPLEMENT NOTIFICATION FORM

I, _____, acknowledge that I am currently taking and/or have
Student-Athlete Print Name

(within the past 6 months) taken the following ergogenic aids, creatine powder, amino acids, protein supplements, or other similar substances, hereinafter referred to as "Supplements." (Use the back of this form if necessary.)

NAME	DOSAGE	MAIN INGREDIENTS	COMMENTS

I understand and agree:

- a) The University of Maryland Department of Intercollegiate Athletics neither approves of nor condones the use of Supplements;
- b) I have been informed of the University of Maryland Department of Intercollegiate Athletics, Atlantic Coast Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to the use of Supplements, and have had any questions about these policies answered;
- c) **The use of Supplements may result in serious harm to me, possible permanent injury to my health, and even death.**
- d) I risk losing my eligibility to participate in intercollegiate athletics if I test positive for an NCAA banned substance;
- e) I must list all Supplements on the Chain of Custody Forms at the time of any drug test.

I fully accept any and all risks and liability if I have used in the past, continue to use, or use at anytime in the future any form of Supplements.

I further understand and agree the University of Maryland, its officers, employees, and agents are not responsible for any harm and possible permanent injury to my health caused by my past, present, and/or future use of Supplements. I agree to hold harmless, indemnify, and irrevocably and unconditionally release the State of Maryland, the University of Maryland, and their officers, employees and agents from any and all liability, and demands, claims and causes of action relating to my use of Supplements.

I understand the statements in this form, and have had all questions about the information in this form answered to my satisfaction.

Student-Athlete's Signature

Date

Parent / Guardian's Signature (if under 18 years old)

Date