

**University of Richmond Department of Athletics
Drug/Alcohol Screening and Education Program
Student-Athlete Consent Form**

2009-2010

I, _____, hereby acknowledge that I have either received a copy of or been directed to an on-line version of and have read and been given the opportunity to ask questions regarding the Drug/Alcohol Education & Testing Program implemented for the Department of Intercollegiate Athletics at the University of Richmond. I understand the policies, procedures and my responsibilities as described in such policy.

As a condition to my participation in intercollegiate athletics at the University of Richmond, 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 the 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, the Deputy Director of Athletics, the Assistant Director of Athletics, my Head Coach, the Director of Sports Medicine and/or Assistant Athletic Trainers, Team Physician, Appeals Committee 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/Alcohol Education & Testing Program. To the extent set forth in this document, I waive any privacy or other privilege I may have in connection with such information.

I fully understand that the University of Richmond 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 the University of Richmond under its Drug/Alcohol 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 me, my teammates, and/or my competitors.

The University of Richmond, 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 the University of Richmond's Drug/Alcohol Education & Testing Program, including without limitation those claims, demands, rights of action, or causes of action arising out of any positive test result under such Drug/Alcohol Education & Testing Program.

Student-Athlete Signature

Date

Printed Name of Student-Athlete

Date of Birth

Social Security Number

Sport(s)

Parent/Guardian Signature (if a minor)

Date