CONSENT AND AUTHORIZATION AGREEMENT

The University of Texas at Arlington

Department of Intercollegiate Athletics

In consideration of my being permitted to participate in the intercollegiate athletics program of The University of Texas at Arlington, I hereby agree to abide by the principles and conditions of the drug-testing program that has been adopted by the University for its athletic department. I have received a copy of the University's "Drug Education and Testing Program" and have read and understand its provisions including possible sanctions for violations of those provisions.

As a participant in the intercollegiate athletics program, I agree to cooperate with the personnel of the intercollegiate athletics department in the collection of urine specimens at such time or times as may be determined by the athletic department and I understand that such specimens will be tested for the presence of certain controlled substances. **I specifically consent to having my urine tested for controlled substances pursuant to such a program.**

I further agree that the University may, at its sole discretion, determine the tests to be conducted upon my urine specimens, the controlled substance, to be tested for, and the person or persons to perform the appropriate testing procedures. The results of such tests may be submitted to the team physician or physicians and may be selected by the University for interpretation and evaluation.

Following the **FIRST** instance in which the results of the tests as described above are positive for the controlled substance(s) which are decided upon by the University, I hereby consent to the release of these results together with the appropriate physicians' medical report(s), evaluation(s), opinion(s), and recommendation(s) to the head athletic trainer.

Following the **SECOND** instance in which the results of the tests as described above are positive for the controlled substance(s) which are decided upon by the University, I hereby consent to the release of these results together with the appropriate physicians' medical report(s), evaluations(s), opinion(s), and recommendation(s) to the director of athletics and the head athletic trainer who in turn will advise my parents or legal guardian, spouse, and head coach.

SANCTIONS - PENALTIES

After a first positive test result for a banned substance, the sanctions shall include participation in a drug education program and subsequent regular testing under the supervision of the Team Physician.

After a second positive test result for a banned substance, the sanction will be a suspension for a period of two weeks and other sanctions determined by the team physician.
These sanctions shall include continued participation in a drug education program and required re-testing.

After a third positive test result for a banned substance, the sanction will be immediate removal from the team and a non-renewal of athletic scholarship.

No student shall be subject to sanctions established by this policy simply because a single test yields a positive result. Sanctions will be imposed on a student only if subsequent tests reveal that intervening drug usage has occurred during the current year. However, other evidence of drug usage, such as physical or emotional symptoms observed by the coach, physician or trainer, "eye-witness" observations of the actual usage, etc., may be considered.

The Head Athletic Trainer will be required to submit written documentation to the Director of Athletics of all actions or sanctions taken toward a student-athlete as a result of that student-athlete testing positive a second time.

My execution of this form shall be consent for the release of such information under the Texas Medical Practice Act- Sec. 5.08(j), Art. 4495b (Vernon's Texas Civil Statutes), the Texas Open Records Act -Sec. 3(a) (14), Art. 6252-17a (Vernon's Texas Civil Statutes), and the Family Educational Rights and Privacy Act of 1974 (Title 20 U.S.C.A. Sec. 1232g), and **I further hereby release the University, its Board of Regents, and its officers, employees and agents from any and all damage that may result from the authorized release of such information or records.**

Signature of Head Athletic Trainer Date	Signature of Student-Athlete Date
Roy Rudewick, MEd, ATC, LAT	
Print Head Athletic Trainer Name Date	Print Student-Athlete's Name Date
Sport	Signature of Parent or Legal Guardian Date

YES ☐ I hereby grant permission to the team Physician or Head Athletic Trainer to inform my parents of the 1st positive and subsequent positive test results for banned substances.

NO ☐

Signature Date