

NORTHWESTERN OKLAHOMA STATE UNIVERSITY

Consent to Program and Urine Testing and Authorization for Release of Information

I hereby acknowledge that I have received and read a copy of the Northwestern Oklahoma State University Athletic Department Drug Education Program and in consideration of my scholarship and/or affiliation with NWOSU Intercollegiate Athletic Program agree to abide by the provisions of the said Program and the provision hereof.

I authorized the assigned personnel at the Northwestern Oklahoma State University (NWOSU) to release to: the Head Athletic Trainer at NWOSU; my parent(s) or legal guardian(s) or spouse; the head coach of the intercollegiate sport in which I am a team member; the Athletic Director of NWOSU; the Counseling Services Substance Abuse Program at NWOSU; the Drug Appeal Committee if chose that path, all information and records, including test results you may have relating to the screening or testing of my urine sample(s) in accordance with the Education Program which is applicable to all intercollegiate athletes at NWOSU. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

Northwestern Oklahoma State University, its Board of Regents, 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 form.

Date _____ Print Name _____

Signature _____

If athlete is under 18 years of age, a parent or guardian also needs to sign*

Parent/Guardian Print Name _____

Parent/Guardian Signature _____