

The University of Tennessee at CHATTANOOGA

IV. Consent to Testing of Urine & Authorization for Release of Information

I _____ hereby acknowledge that I have a copy of the UTC Drug Education and Testing Policy & Procedures for Intercollegiate Student-Athletes. I further acknowledge that I have read the program, had an opportunity to ask questions and that I fully understand the provisions.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs or substances in accordance with the provisions of the UTC Drug Education and Testing Policy and Procedures, at times as urinalysis testing is required under the program during the academic year.

I further authorize you to make a confidential release to the appropriate Head Athletic Trainer at UTC, my parents or legal guardians; the Head Coach of the collegiate sport in which I participate; the Director of Athletics at UTC; Counseling Center, all information and records, including test results, you have related to the screening or testing of any urine samples in accordance with the provisions of the UTC Drug Education and Testing Policy and Procedures for the Intercollegiate Student-Athletes. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

I understand that any urine sample will be sent to a professional laboratory for actual testing.

I understand that my authorization for disclosure of drug testing information to above-mentioned parties is a condition for participation as an intercollegiate athlete for The University of Tennessee at Chattanooga.

The University of Tennessee at Chattanooga, its Board of Trustees, its Officers, employees, and Agents are hereby released from legal responsibility or liability from the release of such information and records as authorized by this form.

Signature: _____

Date: _____