

Student-Athlete Handbook 2011-2012

STATEMENT OF INFORMED CONSENT

I certify that I have read the statement of Our Lady of the Lake University Athletic Department's Athletic Substance Abuse Philosophy, Education, Drug Testing Policy, and Screening Policy and fully understand the program and agree freely, voluntarily, and knowingly to participate in the program during my entire intercollegiate career at Our Lady of the Lake University.

Specifically, I agree to:

1. Submit a urine sample for drug testing when I am requested to do so in accordance with the Our Lady of the Lake University Athletic Department's Athletic Substance Abuse Philosophy, Education, Drug testing Policy, and Screening Policy.

- Abide by the sanctions imposed.

3. Cooperate in the drug education, counseling, and rehabilitation programs required. I authorize the notification of my parents, legal guardians, or spouse, of any "non-negative" drug/banned substance test results. I further authorize the confidential release of tests results to other individuals, including OLLU officials, as provided in the statement of the program.

Student-Athlete (print)

Student-Athlete signature

Date _____

Parent/Legal Guardian signature (if student-athlete is a minor)

Date _____