

ELON UNIVERSITY DEPARTMENT OF INTERCOLLEGIATE ATHLETICS DRUG TESTING AND EDUCATION/REHABILITATION PROGRAM, URINALYSIS AUTHORIZATION, SUBSTANCE ABUSE POLICY AND MEDICAL RELEASE

Name: _____
(Please Print)

Sport(s): _____
(Please Print)

STUDENT WAIVER FORM

I have read the description of the Elon University Department of Intercollegiate Athletics Drug Testing and Education/Rehabilitation Program. I understand the program and freely consent to participate in it, undergo all required tests and cooperate in its administration. Additionally, I understand that failure to participate or being delinquent (failing to report at a required time and/or place) will result in the same sanctions as a positive drug test. Further, I understand that the consequences of testing positive for drugs are cumulative throughout my career at Elon University. In consideration of participation in the athletics program I release Elon University from any and all liability and waive any and all claims against the university arising out of the drug testing and education/rehabilitation program unless such claim is based on negligence or wrongful conduct of the university.

In the event of a positive drug test, I agree to fully participate in a drug education/rehabilitation program scheduled by the athletic department at Elon University in conjunction with the Office of Student Life. Failure to participate in this program or failing to complete the program as outlined will result in the same sanctions as a second positive drug test (termination of participation in intercollegiate athletics at Elon University and forfeiture of athletic grant in aid).

**Authorization To Obtain Information
While Participating in the Education/Rehabilitation Program
After a Positive Drug Test**

I authorize the release of information between the Department of Intercollegiate Athletics at Elon University and Elon University Counseling Services and/or Team Physician in conjunction with the Office of Student Life. This information may include, but is not limited to:

- (a) All information including medical history, diagnosis, treatment and prognosis with respect to the education/rehabilitation program.
- (b) A release of information from Elon University Counseling Services in conjunction with the Office of Student Life to the Department of Intercollegiate Athletics at Elon University in regards to the compliance and/or competition of the drug education/rehabilitation program.

I/We Agree:

Athlete's Name Printed

Parent/Guardian's Name Printed

Athlete's Signature

Parent/Guardian's Signature

Date

Date

PLEASE SIGN AND RETURN WITH THE PARENT INFORMATION FORM PROMPTLY. FAILURE TO RETURN THIS FORM, PROPERLY EXECUTED WILL RESULT IN FORFEITURE OF PARTICIPATION (PRACTICE/COMPETITION) IN ANY TEAM ACTIVITIES.