

NORTH CAROLINA STATE UNIVERSITY
DRUG EDUCATION, TESTING AND DETERRENCE PROGRAM

CONSENT FORM

I hereby acknowledge that I have received and read the University's Drug Education, Testing and Deterrence Program for Intercollegiate Athletics. I have been given the opportunity to ask questions about this policy. I understand this policy and my responsibilities under its provisions. I agree to abide by all of the requirements of the policy and this decision is voluntary on my part. I further understand that my participation in intercollegiate athletics is contingent on my adherence to this policy.

I consent to the release of the results of any drug test and other information regarding my participation in this program, including any violations and sanctions for violation, to the Athletic Director, the Head Coach, the Associate Athletic Director for my sport, the Associate Athletic Director for Sports Medicine, the Substance Abuse Coordinator, other university officials charged with responsibilities for administering this program, and my parent(s) or guardian(s).

Signature of Student-Athlete

Date

[If student is under 18, parent of guardian's signature is required]

Signature of Parent/Legal Guardian

Date