



## 2009-2010 DRUG TESTING PROGRAM

### STUDENT-ATHLETE CONSENT FORM

I understand that, as a condition of my participation (both in practice and competition) in intercollegiate athletics for a Big Ten Conference institution, I am required to sign this Consent Form. By signing this Consent Form, I am authorizing the Big Ten Conference to select me for drug testing pursuant to the Rules/Agreements of the Big Ten Conference and the Big Ten Conference Drug Testing Policies and Procedures and, if selected, I agree to participate in such drug testing. I understand that such selection and drug testing may take place at any time during the year (including summer and times when school is not in session).

If I test positive for any drug in a drug class banned by the NCAA other than a "street drug" (as set forth on the NCAA Banned-Drug Classes List), am found to have employed banned methods (such as masking or altering a sample), am selected for testing and refuse to be tested without adequate justification or otherwise violate any provision of the Big Ten Conference Rules/Agreements or Drug Testing Policies and Procedures, I understand that sanctions may be imposed against me by the Big Ten Conference and/or my institution. **Those sanctions may include – but are not limited to – permanent ineligibility, a period of ineligibility, and/or withdrawal or denial of the privileges and benefits associated with participation in intercollegiate athletics.**

I acknowledge that I am responsible for all substances in my body. I further acknowledge that I have an obligation to disclose in advance to a Team Physician or Athletic Trainer from my institution all medications, products and dietary supplements that I consume.

I also agree that both drug test results and sanctions imposed (if any) may be disclosed in accordance with the policies of my institution and the Big Ten Conference.

Further, I hereby fully and forever release and discharge my institution and the Big Ten Conference, including their respective officers, employees and agents, from any and all claims, demands, damages, rights and causes of action, present or future, anticipated or not anticipated, that I now have or in the future may have in any way relating to drug testing.

Prior to signing this Consent Form, I have had the opportunity to have questions about the drug testing program answered by an official of my institution or a representative of the Big Ten Conference.

By signing this Consent Form, I agree to all of the foregoing.

\_\_\_\_\_  
Student-Athlete's Full Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(if student-athlete is a minor)

\_\_\_\_\_  
Date of Signature