

**LIPSCOMB UNIVERSITY ATHLETIC DEPARTMENT
DRUG TESTING CONSENT FORM**

PRINT NAME _____

SPORT _____

AGREEMENT

I have carefully read the *Lipscomb University Athletic Department Drug Policy* and know the contents thereof, and I understand that by my signature, I agree to abide by the policy and I acknowledge that I have received a copy of this policy. I also understand that failure to show for a substance screening test may be treated as a positive test result.

Student-Athlete Signature _____ Date _____

CONSENT TO URINALYSIS

I hereby consent to have a sample of my urine collected and tested at such times as necessary or required, for the presence of certain drugs or substances in accordance with the provisions of the *Lipscomb University Athletic Department Drug Policy*.

Student-Athlete Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I further authorize you to release to the head coach of any intercollegiate sport in which I am a participant, my parent(s) or legal guardian(s), the athletic director, the head athletic trainer, the team physician, senior woman's administrator, faculty athletic representative, dean of students and compliance officer at Lipscomb University all the information and records, including test results, you may have relating to the screening or testing of my urine sample(s) in accordance with the provisions of the *Lipscomb University Athletic Department Drug Policy*. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

I understand that my urine sample will be sent to Baptist LabPlus, or another such agency that the athletic department deems appropriate, for actual testing.

Student-Athlete Signature _____ Date _____

RELEASE OF LIABILITY

The board of Lipscomb University, its officers, employees, and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this form.

Student-Athlete Signature _____ Date _____