

**WEST VIRGINIA UNIVERSITY
INTERCOLLEGIATE ATHLETICS**

**CONSENT TO PARTICIPATE IN THE DRUG SCREENING POLICY AND
SUBSTANCE ABUSE PROGRAM**

I, _____ [print name of Student-Athlete], hereby acknowledge that I have received a copy of the West Virginia University Department of Intercollegiate Athletics Drug Screening Policy and Substance Abuse Program (Program). I further acknowledge that I have read the Program documentation and that I fully understand the provisions of the Program. The Program applies only to the Morgantown campus of West Virginia University.

I hereby voluntarily and under no threat, inducement or compulsion, consent to have a sample of my urine collected and tested for the presence of certain drugs or substances on a random, unannounced basis, in accordance with the provisions of the Program, and at such times as required under the Program.

I further agree and consent to the disclosure of said records and results relating to me only to those persons involved in the administration of the program, and only under the circumstances described in the Program. This consent is given pursuant to all State and Federal privacy statutes including, but not limited to the Family Educational Rights and Privacy Act (FERPA), and is a waiver of my rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the Program.

I understand that the contracted laboratory shall release the technical results of the urinalysis to the Medical Review Officer (MRO) of the Athletics' Drug Advisory Committee only. I further understand that the MRO is obligated to keep my identity confidential and, to the extent permitted by law, will not furnish my name or identity in any state or local civil, criminal, administrative legislative or other proceedings.

I hereby release the West Virginia University Board of Governors, West Virginia University, and their employees and agents from legal responsibility or liability for the disclosure or release of any information from the records or forms kept pursuant to this Program.

Date

Student-Athlete Signature

*** Birthdate

*** If Student-Athlete is under the age of eighteen (18), please include a parent or guardian signature:

Date

Parent/Guardian Signature