

**AIKEN TECHNICAL COLLEGE
ATHLETIC DRUG EDUCATION AND TESTING
PROCEDURE**

Appendix E

INFORMED CONSENT AND RELEASE OF LIABILITY

I have received, read, and understand the attached copy of the Aiken Technical College Department of Athletics Drug Education and Testing Policy.

I understand that according to the Aiken Technical College Drug Education and Testing Policy, and in consideration of the privilege of participation in intercollegiate athletics at Aiken Technical College, I hereby agree to submit, as from time to time required, a sample of my urine for chemical analysis as requested by the persons identified in the program. I understand that the analysis will be conducted by qualified laboratory personnel from an independent laboratory as selected by the Department of Athletics.

I consent freely and voluntarily to any request for a urine specimen under this program. I authorize the release of the test results to the designated authorities from Aiken Technical College. I further hereby release Aiken Technical College, its Department of Athletics, its trustees, officers, employees, agents and contractors from any and all claims of liability whatsoever kind, including any causes of action, claims, and liability based upon negligence arising from any request made of me pursuant to the attached program, to furnish urine samples, the testing of said samples, and decisions made concerning my athletic status which may be based upon results to test made of said samples.

Student-Athlete Signature

Printed Name

Sport

Date

* Signature of Parent or Guardian

Date

* (Not required if student-athlete has reached his/her eighteenth birthday.)