



NC STATE UNIVERSITY

Drug Education, Screening, Counseling, and Deterrence Program Consent & Release

I hereby acknowledge that I have received and read the University’s Drug Education, Screening, Counseling, and Deterrence Program, including all related policies and accompanying regulations, for Intercollegiate Athletics (Program). I have been given the opportunity to ask questions about this Program. I understand this Program and my responsibilities under its provision. I agree to abide by all of the requirements of the Program and this decision is voluntary on my part. I further understand that my participation in intercollegiate athletics is contingent on my adherence to this Program.

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 violations/violation, to the Athletic Director, Head Coach, the Associate Athletic Director for my sport, the Assistant Athletic Director for Sports Medicine, and their designees, as well as other university officials or outside consultants charged with a responsibility within this Program.

I also 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 violations/violation to my parent(s) or guardian(s).

Student-Athlete’s Name (Print)

Date of birth

Age

Signature of Student-Athlete

Date

Parent’s/Guardian Name (Print)

Relation

Signature of parent or guardian
(If student athlete is under 18)

Date