

**CENTRAL WASHINGTON UNIVERSITY
ATHLETIC DEPARTMENT**

-DRUG TESTING CONSENT FORM-

I, _____, give consent to the CWU Athletic Department for drug testing during my athletic eligibility during the _____ academic year.

I understand that, based on reasonable suspicion, I may be asked by the CWU team physician or designee to supply a urine sample, in accordance with NCAA protocol.

By signing this statement I acknowledge that I have received a copy of the CWU Athletic Department Substance and Drug Testing Policy and that it has been explained to me by the assistant athletic director for compliance or a certified member of the athletic training staff.

I also am aware that refusal to submit for a required drug test or to sign this form will constitute a positive drug test and that I will be sanctioned using the positive test guidelines outlined in the CWU Athletic Department Substance and Drug Testing Policy.

I have read and agree to the provisions of the CWU Athletic Department Substance and Drug Testing Policy as indicated by my signature below.

Signature: _____

Date: _____

Witness: _____

Date: _____