

UB Athletics Department

Drug Test Acknowledgement and Consent Form

I acknowledge that I am aware of The University of The Bahamas' Athletics Department Drug and Alcohol Policy. I have read and understand this Policy and agree to abide by its provisions. I understand that my participation in intercollegiate athletics is contingent on my consent to drug testing policies and procedures, and that there may be consequences if I am found in violation of this policy. In accordance with the terms and conditions of the Policy, I consent to have samples of my urine collected and tested for the presence of banned drugs.

I fully understand, agree to, and accept all provisions of The University of The Bahamas Athletics Department Drug and Alcohol Policy. I voluntarily consent to and agree to participate in any testing for banned substances that The University shall deem necessary at such time and place as determined by The University and for that information to be released as deemed appropriate by the institution.

| Name (printed) | Team | Date of Birth | |
|---|------|---------------|--|
| Signature of Athlete | | Date | |
| | | | |
| Signature of Parent/Guardian (if athlete is under 18) | | Date | |
| Signature of Athletics Director | | Date | |