

**PERU STATE COLLEGE
DEPARTMENT OF ATHLETICS
INFORMED CONSENT AND RELEASE LIABILITY**

I UNDERSTAND that according to Department of Athletics policy, I could be required to submit a random selected sample of my urine for chemical analysis. I understand this analysis will be conducted by a college-approved medical testing laboratory by qualified personnel.

THE PURPOSE of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my urine.

I UNDERSTAND a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process.

Finally, I UNDERSTAND that according to the policy of the College's Athletic Department, a positive test for the use of illegal drugs could lead to suspension and loss of scholarship.

ATHLETE'S PRINTED NAME

ATHLETE'S SIGNATURE

DATE

SPORT

ATHLETIC DIRECTOR

**CONSENT AND RELEASE LIABILITY FOR ACADEMIC AND
DISCIPLINARY RECORDS**

I understand that my academic and disciplinary records will be subject to review by the athletic director and staff.

All records will be held in strict confidentiality.

ATHLETE

DATE

ATHLETIC DIRECTOR