

## Appendix A

## DRUG TESTING ACKNOWLEDGEMENT AND CONSENT

I, the undersigned, acknowledge that I have read Cleveland State University's Athletics Department Drug Education and Screening Program Policies and I understand the information included in these Policies.

Further, I agree to submit to regularly scheduled or random, unannounced, witnessed drug screening conducted by the Athletics Department's medical staff or private consultants.

I understand that my participation in the athletics department's drug education and screening program is a prerequisite required for my continued participation in intercollegiate athletics at Cleveland State University. In addition, I authorize the written or verbal release of information to counseling and sanctioning as it pertains to positive test results.

Finally, I agree to abide by all policies, procedures and potential sanctions outlined in the Drug Education and Screening Program Policies, and this acknowledgement and consent shall remain in effect for my entire athletic career at Cleveland State University.

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Name (print): \_\_\_\_\_

CSU ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_