



**ACKNOWLEDGEMENT OF
WWCC ATHLETIC DEPARTMENT SUBSTANCE ABUSE GUIDELINES AND
CONSENT TO URINALYSIS TESTING**

I hereby acknowledge that I have received a copy of the WWCC Athletic Department Substance Abuse Guidelines. I further acknowledge that I have read the Guidelines and that I fully understand the provisions of these Guidelines.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs or substances in accordance with the provisions of the WWCC Athletic Department Substance Abuse Guidelines.

I further authorize WWCC to make a confidential release of information on a urinalysis test that has been confirmed positive to my parents or legal guardians, the head coach of any intercollegiate sport in which I am a team member, the Athletic Director of WWCC, and the WWCC Student Development Center. The information may include any records, test results of urinalysis screening, or other applicable data that will assist them in making a decision about my eligibility to continue as a student athlete.

WWCC, it's Board of Trustees, it's Officers, employees, and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this form.

Student Athlete's Name (Printed)

Sport(s)

Student Athlete's Signature

Date

Signature of Parent or Guardian
(required if student athlete is a minor)

Date