



**Waldorf University Department of Intercollegiate Athletics
Acknowledgement of Receipt of Description of Drug Abuse Prevention,
Education, Testing, and Counseling Program**

I hereby acknowledge that I have received a copy of the provisions of the Waldorf University Department of Intercollegiate Athletics Drug Abuse Prevention, Education, Testing, and Counseling Program.

I further acknowledge that I have read the material, that it has been explained to me, and that my questions have been answered. I fully understand the provisions, and I agree to the conditions. I understand that my participation in the Waldorf University Drug Abuse Prevention, Education, Testing, and Counseling Program is voluntary and that I have the right to revoke my consent and participation at any time.

I consent to the release of the results of any drug test to Waldorf University. To the extent set forth in this document, I waive any privilege or protection I may have in connection with such information, and I have voluntarily executed the Authorization to Release Information.

I fully and forever release and discharge the aforementioned parties from any claims, demands, rights of action, or clauses of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from my participation in Waldorf University's Drug Abuse Prevention, Education, Testing, and Counseling Program including those claims, demands, rights of action, or causes of action arising out of my voluntary participation in Waldorf University's Drug Abuse Prevention, Education, Testing, and Counseling Program.

Name of Student-Athlete

Signature of Student-Athlete

Date

Student-Athlete's Declared Sport(s) of Participation

*Name of Parent/Guardian if Student-Athlete is a minor–
under 18 years of age.*

*Name of Parent/Guardian if Student-Athlete is a minor–
under 18 years of age.*

Date