



**Waldorf University Department of Intercollegiate Athletics
Consent to Testing of Urine Sample**

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 provision of the Waldorf University Department of Intercollegiate Athletics Drug Abuse Prevention, Education, Testing, and Counseling Program. I understand my participation in the Program is voluntary and that I may terminate my participation at any time.

I hereby authorize confidential release of test results to the Program Director in compliance with the provisions of the referenced Program and the Authorization to Release Information.

The Board of Trustees, Waldorf University, and those connected to Waldorf University, its officers, employees, and agents are hereby released from legal responsibility and liability for the release of such information and records as authorized by this consent form and the Authorization to Release Information.

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