

**WALDORF COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS**

**ACKNOWLEDGMENT OF RECEIPT OF DESCRIPTION OF
DRUG ABUSE PREVENTION, EDUCATION, TESTING & TREATMENT PROGRAM**

To: MEDICAL COORDINATOR
DRUG ABUSE PREVENTION, EDUCATION, TESTING & TREATMENT PROGRAM
c/o WALDORF COLLEGE DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
FOREST CITY, IA 50436

I hereby acknowledge that I have received a copy of the provisions of the Waldorf College Department of Intercollegiate Athletics Drug Abuse Prevention, Education, Testing, and Treatment 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 signature on this form is a pre-condition for participation in Waldorf College Intercollegiate Athletics.

I consent to the release of the results of any drug test to the Director of Athletics, Program Director, Dean of Students, Head Athletic Trainer, Counseling Services, Head Coach, Drug Testing Committee, and/or spouse, parent(s) or guardian(s). To the extent set forth in this document, I waive any privilege I may have in connection with such information.

I fully and forever release and discharge the aforementioned parties from any claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from my participation in Waldorf College's Drug Abuse Prevention, Education, Testing & Treatment Program including those claims, demands, rights of action, or cause of action arising out of any positive results under such Drug Abuse Prevention, Education, Testing & Treatment Program.

Name (print)

Signature

Date

Name (print) of Parent or Legal Guardian
(If under 18)

Signature of Parent or Legal Guardian

Date