

The University of North Texas Sports Medicine Department

ACKNOWLEDGEMENT OF RECEIPT OF "DRUG TESTING POLICY" EFFECTIVE AT THE UNIVERSITY OF NORTH TEXAS

AN AGREEMENT TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED THEREIN

I hereby acknowledge that I have received a copy of the University of North Texas Intercollegiate Athletics Drug Testing policy as well as the NCAA drug testing policy. I further acknowledge that I have read said program, that it has been explained to me, and that I fully understand the provisions of this program and agree to abide by the terms and conditions contained therein as a condition for participating in intercollegiate athletics at the University of North Texas.

I further authorize the University of North Texas to make a confidential release to the Athletic Director, Head Coach, Athletic Trainer and to any other individuals authorized by this policy or by the Athletic Director of test results relating to the screening or testing of my urine sample(s) in accordance with the provisions of the UNT Intercollegiate Athletics Drug Testing Program.

Print Name (Student Athlete)

Date

Signature (Student Athlete)

Date

Social Security Number