**[Appendix A]**

## 2008-09 DRUG TESTING ACKNOWLEDGMENT AND CONSENT FORM

I have read the description of the Gardner-Webb University Intercollegiate Athletics Drug Education/ Screening Program. I understand the program, and freely consent to participate in it, undergo all required test and cooperate in its administration. In consideration of participation in the athletic program, I release Gardner-Webb University from any and all liability and waive any and all claims against the University arising out of the Drug Education/Screening Program, unless such claim is based on negligent or wrongful conduct by the University.

**IF YOU ARE UNDER EIGHTEEN YEARS OF AGE, THIS WAIVER MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.**

Print Students Name GWU ID Number Social Security Number

Student's Signature Date

Witness

I/We Agree

Parent/Guardian's Signature Date

Witness

Parent/Guardian's Signature Date

Witness

Please Print Your Home Address

_____
_____
_____

Please Print your current age: _____