

AMATEUR ATHLETIC UNION STRENGTH SPORTS DRUG-TESTING

CONSENT FROM

By signing this form, I \_\_\_\_\_ affirm that I am aware of the  
(Please Print Name)

Amateur Athletic Union Strength Sports drug-testing program and have read the Adult Substance Abuse Program Summary.

I acknowledge that doping or the use of drugs before or during competition is prohibited and a violation of the AAU Code. I consent and agree to urine drug testing to participate in any and all AAU Strength Sports events. I understand and agree that the collection process and testing procedures will be performed by a third party and in accordance with the AAU Strength Sports Drug Testing Policy.

I acknowledge that AAUPC shall notify me of the results of the test by certified mail, return receipt requested, to the address I provide below. **I FURTHER ACKNOWLEDGE AND AGREE THAT SHOULD NOTICE OF A POSITIVE TEST BE RETURNED FOR ANY REASON TO AAU STRENGTH SPORTS, THE AAU STRENGTH SPORTS SHALL HAVE THE RIGHT TO POST MY NAME ON THE SUSPENSION LIST LOCATED ON THE WEB PAGE OF AAU POWERLIFTING.**

I acknowledge that if I test positive, refuse to be tested, and/or fail to appear for testing, I will automatically be disqualified from any and all AAU Strength Sports events and may be subject to further penalties and/or sanctions under the policies and procedures set forth in the AAU Code. I acknowledge that I may request a hearing before the AAU Review Board to challenge my disqualification from any and all AAU Strength Sports events. I acknowledge and agree that this Consent shall be in effect for one (1) year from the date of signing. The parties herein agree that if any part of this Consent shall be deemed invalid and/or unenforceable, the remaining terms and provisions of said Consent shall remain in full force and effect.

I acknowledge that I have read this Consent and fully understand and agree with its contents. I further acknowledge that if I am selected to be tested, I may be required to sign another Consent Form. \*\*\* Also, by signing this form, you release, discharge and covenant not to SUE the AAU Strength Sports and the AAU and other related parties. \*\*\*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City State Zip  
Country \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ NEW MEMBER \_\_\_\_\_

WITNESS (PRINT NAME) \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_