

STUDENT-ATHLETE DIETARY SUPPLEMENT DISCLOSURE & REVIEW FORM

I, _____ (*student name*) am taking or intend to take the following dietary supplements. I acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I test positive for a Banned Substance, as defined by the Drug Education and Drug Testing Policy for Student-Athletes, that may be found in any substance that I take, regardless of the reason or purpose for taking such supplements.

I acknowledge and understand that the labeling on these products can be misleading and inaccurate, and that sales personnel are not motivated nor qualified to accurately certify that these products contain no banned substances. "Healthy" or "naturally occurring" are terms often used to market sales of dietary supplements, but do not necessarily mean they are safe.

Before taking or using any dietary supplement, I am responsible for ensuring the product does not contain any banned substance. By making this disclosure, I am requesting that these products and their ingredients be reviewed by Bethany College's Head Athletic Trainer for the purposes of determining whether they are medically safe to use and do not contain banned substances. I understand that I should not take or use these products until their usage has been reviewed by Bethany College's Head Athletic Trainer.

Brand Name	Listed Ingredients
_____	_____ _____
_____	_____ _____
_____	_____ _____
_____	_____ _____
_____	_____ _____
_____	_____ _____

Head Athletic Trainer's Signature

Date

Athletic Director's Signature

Date