



Last Name, First Name: _____ Cell Phone: _____

Form 17-1a

Academic Year: 2017-18

Student-Athlete Statement – NCAA Division I

For: Student-athletes.
Action: Sign and return to your director of athletics.
Due date: Before your first competition each year.
Required by: NCAA Constitution 3.2.4.6 and NCAA Bylaw 12.7.2.
Purpose: To assist in certifying eligibility.
Effective Date: This NCAA Division I Student-Athlete Statement shall be in effect from the date this document is signed and shall remain in effect until a subsequent Division I Student-Athlete Statement form is executed.

Student-athlete: _____
(Please print name)

The completion of this form is required to participate in intercollegiate competition.

This form has six parts:

- I. A statement concerning eligibility;
- II. A Buckley Amendment consent;
- III. An affirmation of status as an amateur athlete;
- IV. Results of drug tests;
- V. Previous involvement in NCAA rules violation(s); and
- VI. An affirmation of valid and accurate information provided to the NCAA Eligibility Center and admissions office, including ACT or SAT scores, high school attendance, completion of coursework and high school grades.

This form must be completed and signed before participation in intercollegiate competition. Please note, only incoming transfers and continuing student-athletes must complete Part V. Only incoming freshmen student-athletes must complete Part VI.

Before you sign this form, you should read the Summary of NCAA Regulations, or another outline or summary of NCAA legislation, provided by your director of athletics (or his or her designee) or read the bylaws of the NCAA Division I Manual that address your eligibility. You are responsible for knowing and understanding the application of all NCAA Division I bylaws related to your eligibility. If you have any questions, you should discuss them with your director of athletics or your institution's compliance officer, or you may contact the NCAA at 317-917-6222.

The conditions that you must meet to be eligible and the requirement that you sign this form are indicated in the following bylaws of the Division I Manual:

- NCAA Bylaws 10, 12, 13, 14, 15, 16, 18.4 and 31.2.3.

Part I: Statement Concerning Eligibility.

By signing this part of the form, you affirm the following:

Your institution has provided you a copy of the Summary of NCAA Regulations, or another outline or summary of NCAA legislation, or the relevant sections of the Division I Manual and that your director of athletics (or his or her designee) gave you the opportunity to ask questions about them.

You have knowledge of and understand the application of NCAA Division I bylaws related to eligibility, recruitment, financial aid, amateur status and involvement in sports wagering activities.

You are aware of the NCAA drug-testing program and that you have signed or will sign the current NCAA Drug-Testing Consent Form.

All information provided to the NCAA, the NCAA Eligibility Center and the institution's admissions office is accurate and valid, including ACT or SAT scores, high school attendance, completion of coursework and high school grades, as well as your amateur status.

You have reported to your director of athletics (or his or her designee) any violations of NCAA regulations involving you and your institution.

You affirm that you understand that if you sign this statement falsely or erroneously, you violate NCAA legislation on ethical conduct and you will further jeopardize your eligibility.

Name (please print)

Date of birth

Age

Signature of student-athlete

Home address (street or P.O. Box)

Date

Home city, state, and zip code

Sport(s)

Part II: Buckley Amendment Consent.

By signing this part of the form, you certify that you agree to disclose your education records.

You understand that this entire form and the results of any NCAA drug test you may take are part of your education records. These records are protected by the Family Educational Rights and Privacy Act of 1974 and they may not be disclosed without your consent.

You give your consent to disclose only to authorized representatives of this institution, its athletics conference (if any) and the NCAA, except as permitted in the Drug-Testing Consent form, the following documents:

1. This form;
2. Results of NCAA drug tests and related information and correspondence;
3. Results of positive drug tests administered by a non-NCAA national or international sports governing body;
4. Any transcript from your high school, this institution or any junior college or any other four-year institution you have attended;
5. Precollege test scores, appropriately related information and correspondence (e.g., testing sites, dates and letters of test-score certification or appeal) and, where applicable, information relating to eligibility for or conduct of nonstandard testing;
6. Graduation status;
7. Your social security number and/or student identification number;
8. Race and gender identification;
9. Diagnosis of any education-impacting disabilities;
10. Accommodations provided or approved and other information related to any education-impacting disabilities in all secondary and postsecondary schools;
11. Records concerning your financial aid; and
12. Any other papers or information pertaining to your NCAA eligibility.

You agree to disclose these records only to determine your eligibility for intercollegiate athletics, your eligibility for athletically related financial aid, for evaluation of school and team academic success, for awards and recognition programs highlighting student-athlete academic success (e.g., Elite 90), for purposes of inclusion in summary institutional information reported to the NCAA (and which may be publicly released by it), for NCAA longitudinal research studies and for activities related to NCAA compliance reviews and institutional performance program. You will not be identified by name by the NCAA in any such published or distributed information. This consent shall remain in effect as long as any issues regarding the purposes listed above exist.

You also agree that information regarding any infractions matter in which you may be involved may be published or distributed to third parties as required by NCAA policies, bylaws or procedures.

Name (please print)

Signature of student-athlete

Date

Signature of parent or legal guardian (if student-athlete is a minor) Date

Part III: Affirmation of Status as an Amateur Athlete.

You affirm that you have read and understand the NCAA amateurism rules.

By signing this part of the form, you affirm that, to the best of your knowledge, you have not violated any amateurism rules since you requested a final certification from the NCAA Eligibility Center or since the last time you signed a Division I student-athlete statement, whichever occurred later.

You affirm that since requesting a final certification from the NCAA Eligibility Center, you have not provided false or misleading information concerning your amateur status to the NCAA, the NCAA Eligibility Center or the institution's athletics department, including administrative personnel and the coaching staff.

Name (please print)

Date

Signature of student-athlete

Part IV: Results of Drug Tests.

1. Future positive test – all student-athletes sign.

Should I test positive by the NCAA and/or by a non-NCAA athletics organization that has adopted the World Anti-Doping Agency (WADA) code, or violate their drug-testing protocol or fail to show for a drug test, at any time after I sign this statement, I acknowledge I must report the results to my director of athletics.

Name (please print)

Date

Signature of student-athlete

2. Positive test by NCAA or non-NCAA athletics organization -- sign either A or B.

A. No positive drug test.

I affirm that, I have never tested positive by the NCAA and/or by a non-NCAA athletics organization that has adopted the WADA code, nor violated the drug-testing protocol or failed to show for a drug test conducted by the NCAA or a non-NCAA athletics organization.

Name (please print)

Signature of student-athlete

Date

B. Positive drug test.

I have tested positive by the NCAA and/or by a non-NCAA athletics organization that has adopted the WADA code, or have violated the drug-testing protocol or failed to show for a drug test conducted by the NCAA or a non-NCAA athletics organization. If I transfer to another institution, I am also obligated to report this information to that institution.

Name (please print)

Signature of student-athlete

Date of test

Organization conducting test

Substance

Are you currently under such a drug-testing suspension?

Yes _____

No _____

Part V: Incoming Transfers – Previous Involvement in NCAA Rules Violation(s).

Have you previously attended a four-year NCAA Division I, II or III institution?

Yes _____ No _____

If yes, what is the name(s) of the institution(s)? _____

Are you aware of any NCAA violations you were involved in while previously attending an NCAA institution?

Yes _____ No _____

If yes, did this violation result in you being withheld from competition while attending your previous institution?

Yes _____ No _____

If you answered yes to either of the above questions, please provide an explanation.

Part VI: Incoming Freshmen – Affirmation of Valid ACT or SAT Score.

You affirm that, to the best of your knowledge, you have received a validated ACT and/or SAT score. You agree that, in the event you are or have been notified by ACT or SAT of the possibility of an invalidated test score, you will immediately notify your director of athletics (or his or her designee). You affirm that all information provided to the NCAA, the NCAA Eligibility Center and institution's admissions office is valid and accurate, including high school attendance, completion of coursework and high school grades. You affirm that you did not fraudulently earn your qualifying ACT or SAT score by having someone else take the test for you, copying answers from another person taking the test, etc.

Name (please print)

Date

Signature of student-athlete

What to do with this form: Sign and return it to your director of athletics or his or her designee before your first competition. This form is to be kept in the director of athletics' office for **six years**.

Any questions regarding this form should be referred to your director of athletics or your institution's NCAA compliance staff or you may contact the NCAA at 317-917-6222.



Drug-Testing Consent – NCAA Division I

- For:** Student-athletes.
Action: Sign and return to your director of athletics.
Due date: At the time your intercollegiate squad first reports for practice or the Monday of the institution's fourth week of classes, whichever date occurs first.
Required by: NCAA Constitution 3.2.4.7 and NCAA Bylaw 12.7.3.
Effective date: This consent form shall be in effect from the date this document is signed and shall remain in effect until a subsequent Drug-Testing Consent Form is executed.
-

Requirement to Sign Drug-Testing Consent Form.

Name of student-athlete: _____ Sport(s): _____

You must sign this form to participate (i.e., practice or compete) in intercollegiate athletics per NCAA Constitution 3.2.4.7 and NCAA Bylaw 12.7.3. If you have any questions, you should discuss them with your director of athletics.

Consent to Testing.

You agree to allow the NCAA to test you on a year-round basis and in relation to any participation by you in any NCAA championship and in any postseason football game for drugs in the banned drug classes listed in Bylaw 31.2.3.1 (see attached). Examples of drugs in each class can be found at www.ncaa.org/drugtesting. Note: There is no complete list of banned substances. Check the Resource Exchange Center (see attached) for questions about supplements, medications and banned drugs. [Attachment]

Consequences for a Positive Drug Test.

By signing this form, you affirm that you are aware of the NCAA drug-testing program, which provides:

1. A student-athlete who tests positive for an NCAA banned drug must be immediately declared ineligible;
2. A student-athlete who tests positive for a banned drug other than an illicit drug shall be withheld from competition in all sports for 365 days from the drug-test collection date and shall lose a year of eligibility. A student-athlete who tests positive for an illicit drug shall be withheld from competition for 50 percent of a season in all sports (50 percent of regular-season contests or dates of competition);

3. A student-athlete who tests positive has an opportunity to appeal the sanction;
4. A student-athlete who tests positive a second time for the use of any drug other than an illicit drug shall lose all remaining regular-season and postseason eligibility in all sports. A student-athlete who tests positive a second time for an illicit drug shall be withheld from competition for 365 days from the date of the test and shall lose a year of eligibility;
5. The penalty for missing a scheduled drug test is the same as the penalty for testing positive for the use of a banned drug other than an illicit drug;
6. A student-athlete who is found to have tampered with an NCAA drug test sample shall be charged with the loss of a minimum of two seasons of competition in all sports and shall remain ineligible for all regular-season and postseason competition during the time period ending two-calendar years (i.e., 730 days) from the date of the test; and
7. If a student-athlete transfers to a non-NCAA institution while ineligible because of a positive NCAA drug test, and competes in collegiate competition within the prescribed penalty at a non-NCAA institution, the student-athlete will be ineligible for all NCAA regular-season and postseason competition until the student-athlete does not compete in collegiate competition for the entirety of the prescribed penalty.

Signatures.

By signing below, I consent:

1. To be tested by the NCAA in accordance with NCAA drug-testing policy, which provides among other things that:
 - a. I will be notified of selection to be tested;
 - b. I must appear for NCAA testing or be sanctioned for a positive drug test; and
 - c. My urine sample collection will be observed by a person of my same gender.
2. To accept the consequences of a positive drug test or a breach of drug testing protocol;
3. To allow my drug-test sample to be used by the NCAA drug-testing laboratories for research purposes to improve drug-testing detection; and
4. To allow disclosure of my drug-testing results only for purposes related to eligibility for participation in NCAA competition.

I understand that if I sign this statement falsely or erroneously, I violate NCAA legislation on ethical conduct and will jeopardize my eligibility.

Date

Signature of student-athlete

Date

Signature of parent or legal guardian (if student-athlete is a minor)

Name (please print)

Date of birth

Age

Home address (street, city, state and zip code)

Sport(s)

What to do with this form: Sign and return it to your director of athletics at the time your intercollegiate squad first reports for practice or the Monday of the institution's fourth week of classes (whichever date occurs first). This form is to be kept on file at the institution for **six years**.



2017-18 NCAA Banned Drugs

It is your responsibility to check with the appropriate or designated athletics staff before using any substance

The NCAA bans the following classes of drugs:

1. Stimulants.
2. Anabolic Agents.
3. Alcohol and Beta Blockers (banned for rifle only).
4. Diuretics and Other Masking Agents.
5. Illicit Drugs.
6. Peptide Hormones and Analogues.
7. Anti-Estrogens.
8. Beta-2 Agonists.

Note: Any substance chemically related to these classes is also banned.

The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

Drugs and Procedures Subject to Restrictions:

- a. Blood Doping.
- b. Gene Doping
- c. Local Anesthetics (under some conditions).
- d. Manipulation of Urine Samples.
- e. Beta-2 Agonists permitted only by prescription and inhalation (i.e., Albuterol).

NCAA Nutritional/Dietary Supplements WARNING:

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

1. Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
2. Student-athletes have tested positive and lost their eligibility using dietary supplements.
3. Many dietary supplements are contaminated with banned drugs not listed on the label.
4. **Any product containing a dietary supplement ingredient is taken at your own risk.**

Check with your athletics department staff prior to using a supplement.

Some Examples of NCAA Banned Substances in Each Drug Class.

THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES.

Do not rely on this list to rule out any label ingredient.

Stimulants:

amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; methamphetamine; methylphenidate (Ritalin); synephrine (bitter orange); methylhexanamine (DMAA); "bath salts" (mephedrone); Octopamine; DMBA; phenethylamines (PEAs); etc.

exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione):

Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; testosterone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; stanozolol; stenbolone; trenbolone; SARMS (ostarine, ligandrol, LGD-4033); etc.

Alcohol and Beta Blockers (banned for rifle only):

alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents:

bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

Illicit Drugs:

heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (e.g., spice, K2, JWH-018, JWH-073)

Peptide Hormones and Analogues:

growth hormone(hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); IGF-1 (colostrum); etc.

Anti-Estrogens:

anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); Arimidex; clomid; evista; fulvestrant; aromatase inhibitors (Androst-3,5-dien-7,17-dione), etc.

Beta-2 Agonists:

bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcoclaurine; etc.

Any substance that is chemically related to one of the above classes, even if it is not listed as an example, is also banned!

Information about ingredients in medications and nutritional/dietary supplements can be obtained by **contacting Drug Free Sport AXIS, 877-202-0769** or www.drugfreesport.com/axis password **ncaa1, ncaa2 or ncaa3.**

It is your responsibility to check with the appropriate or designated athletics staff before using any substance.



Student-Athlete Authorization/Consent for
Disclosure of Protected Health Information for
NCAA-Related Research Purposes

I, _____ hereby authorize Tennessee Technological University
Name of Student-Athlete Name of my Institution

and its physicians, athletic trainers and health care personnel to disclose my protected health information including, without limitation, any information regarding any injury, illness, treatment or participation related to or affecting my training for and participation in intercollegiate athletics to the NCAA, and its designated employees, agents and/or contractors. I further authorize the NCAA to disclose, and/or use, such information as provided herein.

I understand that my participation and protected health information may be disclosed to, and/or used by, the NCAA and authorized third parties to receive such information for the purpose of using injury, relevant illness and participation information collected from multiple student-athletes and institutions in a manner that does not identify myself or my school. The information is provided to NCAA committees, athletics conferences and individual schools, and NCAA-approved researchers to evaluate the effectiveness of health and safety rules and policy, and to study other sports medicine questions. Selected de-identified summary (aggregate) data also are made accessible to the general public as a service to further the general understanding of athletic injury patterns and help develop education on student-athlete health topics.

I am making this authorization/consent voluntarily to release my health information otherwise protected by federal regulations under either the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or the Family Educational Rights and Privacy Act of 1984 (Buckley Amendment). The NCAA and institution are not requiring this authorization/consent to be signed.

I understand that while HIPAA regulations may not apply to NCAA use or disclosure of my injury/illness information, the NCAA is committed to protecting my privacy. I understand that my data will be stored securely within industry standards.

This authorization/consent for transfer of protected health information expires 545 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the director of athletics at my institution. I understand that a revocation takes effect on its request date and does not affect any action taken prior to that date.

Printed Name of Student-Athlete

Signature

Date

If a student-athlete is under 18 years of age, parent/legal guardian is also required to sign this form.

Printed Name of Parent/Legal Guardian

Signature

Date



2017-18 NCAA Banned Drugs

It is your responsibility to check with the appropriate or designated athletics staff before using any substance

The NCAA bans the following classes of drugs:

1. Stimulants.
2. Anabolic Agents.
3. Alcohol and Beta Blockers (banned for rifle only).
4. Diuretics and Other Masking Agents.
5. Illicit Drugs.
6. Peptide Hormones and Analogues.
7. Anti-Estrogens.
8. Beta-2 Agonists.

Note: Any substance chemically related to these classes is also banned.

The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

Drugs and Procedures Subject to Restrictions:

1. Blood Doping.
2. Gene Doping
3. Local Anesthetics (under some conditions).
4. Manipulation of Urine Samples.
5. Beta-2 Agonists permitted only by prescription and inhalation (i.e., Albuterol).

NCAA Nutritional/Dietary Supplements WARNING:

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

1. Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
2. Student-athletes have tested positive and lost their eligibility using dietary supplements.
3. Many dietary supplements are contaminated with banned drugs not listed on the label.
4. **Any product containing a dietary supplement ingredient is taken at your own risk.**

Check with your athletics department staff prior to using a supplement.

Some Examples of NCAA Banned Substances in Each Drug Class.

THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES.

Do not rely on this list to rule out any label ingredient.

Stimulants:

amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; methamphetamine; methylphenidate (Ritalin); synephrine (bitter orange); methylhexanamine (DMAA); "bath salts" (mephedrone); Octopamine; DMBA; phenethylamines (PEAs); etc.

exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione):

Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; testosterone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; stanozolol; stenbolone; trenbolone; SARMS (ostarine, ligandrol, LGD-4033); etc.

Alcohol and Beta Blockers (banned for rifle only):

alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents:

bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

Illicit Drugs:

heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (e.g., spice, K2, JWH-018, JWH-073)

Peptide Hormones and Analogues:

growth hormone(hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); IGF-1 (colostrum); etc.

Anti-Estrogens:

anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); Arimidex; clomid; evista; fulvestrant; aromatase inhibitors (Androst-3,5-dien-7,17-dione), etc.

Beta-2 Agonists:

bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcoclaurine; etc.

**Any substance that is chemically related to one of the above classes,
even if it is not listed as an example, is also banned!**

Information about ingredients in medications and nutritional/dietary supplements can be obtained by **contacting Drug Free Sport AXIS, 877-202-0769 or www.drugfreesport.com/axis password ncaa1, ncaa2 or ncaa3.**

It is your responsibility to check with the appropriate or designated athletics staff before using any substance.

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

I, _____, authorize Tennessee Technological University (“Tennessee Tech”) to disclose any and all necessary education records including necessary personally identifiable information related to my academic performance, athletic performance and student disciplinary history to the listed entity/person or class of entities/persons for the purposes described below. I understand that by agreeing to this, I am waiving all personal and legal rights to confidentiality and privacy, including rights under the Family Educational Rights and Privacy Act (“FERPA”), 20 U.S.C. § 1232g and 34 C.F.R. § 99.3 and this release will be effective until I revoke it by sending a written notice of revocation to the Director of Athletics.

The purposes of the disclosure are to provide

- Report(s) on progress toward degree
- Report(s) on academic and athletic eligibility and retention
- Report(s) on financial aid records, particularly aid available through the Department of Athletics
- Response(s) to institutions or professional athletic or coaches associations that inquire about my status as a student-athlete, including inquiries related to academic, athletic, and medical status and disciplinary actions
- Report(s) related to use of banned substances, including illegal drugs or performance enhancing supplements
- Response(s) to inquiries from news outlets related to my enrollment status with Tennessee Tech University, my team status, and athletic or academic recognitions or honors
- Press releases or announcements that include my grade point average related to my athletic or academic recognitions or honors
- Report(s) or response(s) to the National Collegiate Athletic Association (NCAA), Ohio Valley Conference (OVC) or similar governing body, as required by the respective rules or regulations of that governing body
- Report(s) or response(s) related to my general medical condition after being injured.

The entity/person/entities/persons or classes of persons/entities to which information may be released are as follows:

- Parents or legal guardians
- School officials at other institutions of higher education
- Media outlets, including individual reporters
- Professional or coaching organizations including, but not limited to, the NFL, NABC, etc.
- NCAA
- Ohio Valley or any other athletic conference
- High school officials
- Audiences at gatherings related to athletic or academic honors, when the disclosure is related to an athletic or academic honor bestowed on me.

In addition, by signing this document, I acknowledge that Tennessee Tech Department of Athletics personnel are “school officials with a legitimate educational interest” as defined by FERPA and TTU Policy 265 and will, in the course of fulfilling their professional responsibilities to Tennessee Tech, make inquiries about and discuss my academic or disciplinary records with other Tennessee Tech school officials.

Student’s Signature

Date

Printed Name

**ACKNOWLEDGEMENT OF NCAA POSITION ON NUTRITIONAL SUPPLEMENT USE AND
PERSONAL VEHICLE LIABILITY**

NUTRITIONAL SUPPLEMENT USE:

The NCAA's position on nutritional supplement use is stated as follows:

"Nutritional/dietary supplements may contain NCAA banned substances. The U.S. Food and Drug Administration does not strictly regulate the supplement industry; therefore, purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their institution's team physician or athletic trainer for further information."

Acknowledgement:

I have read and understand the NCAA's position on nutritional supplements use:

Signature and date

Personal Vehicle Liability:

The following information applies to my personal vehicle, or to the primary vehicle which I drive either while at Tennessee Tech or my home of record:

Year/Make/Model of Vehicle: _____

Who paid for this car, makes payments on this car, or has loaned you this vehicle for your use while enrolled at Tennessee Tech?

If other than yourself, what is that person's relationship to you?

Signature and date

**Student-Athlete Authorization/Consent for Disclosure of Protected Health Information to the
Ohio Valley Conference and Normal Tennessee Technological University Media Outlets**

I, _____, hereby authorize Tennessee Technological University
(Printed Name of Student-Athlete)

(TTU) and its physicians, athletic trainers, and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the OVC or normal TTU media outlets and their employees or agents.

I understand that my protected health information will be used by the OVC or normal TTU media outlets for the purpose of providing information about an injury or medical condition related to participation or competition in intercollegiate athletics.

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPPA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPPA or my consent under the Buckley Amendment. I understand that the signing of this authorization/consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan, or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics.

I also understand that the OVC or normal TTU outlets are not covered by the Buckley Amendment or HIPPA and that these regulations do not apply to the OVC or normal TTU media outlets' use or disclosure of my injury/illness information.

This authorization/consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director at my institution. I understand a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

SIGNATURE

DATE

CONSENT TO PERFORM URINALYSIS SCREENING FOR DRUGS

I hereby consent to have a sample of my urine collected and tested for the presence of drugs in accordance with the Tennessee Technological University Department of Athletics Drug Education/Screening program.

I understand that this screening will occur at such times deemed appropriate by the Team Physicians, the Director of Athletics, my Head Coach, and/or the Athletic Trainer.

I understand that any urine samples will be sent to a licensed medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

I hereby authorize the release of such urine screening results to the Director of Athletics, Team Physicians, Head Athletic Trainer, Head Coach or other Tennessee Tech officials as deemed appropriate. I understand that these results will be made available to my parents and myself.

I understand that I am free to withdraw this consent for urinalysis screening. However, I also understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in any intercollegiate sports program until such time as the Department of Athletics and Tennessee Technological University deem appropriate.

I hereby release Tennessee Technological University, the State Board of Regents, officers, employees and agents from legal responsibility or liability for release of such information and records as authorized by this form.

Date: _____ Student-Athlete Signature: _____

Signature of Parent of Student-Athlete is a Minor: _____

Sport: _____

T Number: _____

I have been issued this Tennessee Technological University Student-Athlete Handbook, Medical Policy and Procedure Handbook and Sports Medicine Emergency Action Plan. I plan to review and read this manual and understand that I can ask questions and review the policies and procedures at any time with a full-time member of the Student Therapy Center/Athletic Training Staff of Athletics Administrative Staff. I also agree to periodically check the online versions of these documents for the purpose of identifying changes and to comply with the policies and procedures specified.

I understand that failure to comply with the policies and procedures as stated may result in disciplinary action or my being financially responsible for any medical bills incurred.

Student-Athlete Name

Date

Student-Athlete Signature

Parent or Guardian Signature

Date

(If student-athlete is a minor upon his/her initial physical examination as a student-athlete for Tennessee Technological University)

Tennessee Tech University Sports Medicine

Concussion Acknowledgement Form

As a student-athlete at Tennessee Tech University, I acknowledge that I have a direct responsibility to be honest and forthcoming by reporting all injuries or illnesses to the Tennessee Tech University Sports Medicine staff (athletic trainers or physicians). I further understand and acknowledge that participation in my sport may result in a head injury or concussion. The Sports Medicine staff at Tennessee Tech University has provided me with educational materials regarding concussions and I have read them.

Specifically, I agree the following to be True:

_____ I have read and understand the Concussion Fact Sheet provided to me and have been given an
Initial opportunity to ask questions about concussions and anything I'm not clear about regarding this
issue

_____ A concussion is a brain injury, which I am responsible for immediately reporting to my athletic
Initial trainer or team physician.

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time,
Initial balance, sleep, and classroom performance.

_____ If I suspect a teammate has a concussion, I am responsible for reporting it to my athletic
Initial trainer or team physician.

Student Athlete Printed Name

Student Athlete Signature

Date

Witness

Date



OVC Student-Athlete Publicity Consent Release

I, _____ (print name) of
Tennessee Technological Univ. (print school name), hereby grant the
Ohio Valley Conference (hereinafter "Conference") and their assigns and agents
permission to publish, broadcast, print, or otherwise use my name, picture,
likeness, voice, and/or image in any manner, form, or media for any purpose the
Conference, in its discretion, believes is in the interest of the Conference and its
mission. This permission includes, without limitation, uses in Conference
promotional and marketing materials.

The use of my name, picture, likeness, voice and/or image will be made in
accordance with NCAA Division I Bylaw 12.5.1.1 (Institutional, Charitable,
Education or Nonprofit Promotions). See Bylaw 12.5.1.1 for additional details.

I have read and understood this consent release.

Student-Athlete Signature

Date