

WHITWORTH UNIVERSITY ATHLETICS DEPARTMENT
Student-Athlete Nutritional Supplement Disclosure and Review Form

I, _____ **AM NOT** taking any nutritional supplements. I understand that failure to declare nutritional supplement usage may result in a loss of eligibility if the supplements taken contain any substances banned by Whitworth and/or the NCAA. Should I begin taking supplements after this form has been completed it is my responsibility to report any change in supplement usage to the certified athletic training staff.

Student-Athlete's Signature

Date

Sport(s)

OR

I, _____ **AM** taking or intend to take the following nutritional supplements. I acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I test positive for a Whitworth and/or NCAA banned substance that may be found in any substance that I may 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 paid to sell these products and cannot accurately certify that these products contain no substances banned by Whitworth and/or the NCAA. Terms such as "healthy" or "naturally occurring" do not necessarily mean safe to take or use. Before taking or using any supplement, I am responsible for taking appropriate steps to ensure that it does not contain any banned substance. By making this disclosure, I am requesting that these products and their ingredients be reviewed by my institution's certified athletic training staff for the purposes of determining whether they are medically safe to use and do not contain banned substances.

Brand Name: _____

Listed Ingredients: _____

Please add an additional page to this form if you need more room.

Student-Athlete's Signature

Date

Sport(s)