

## TCU Athletic Training / Sports Medicine

### STUDENT-ATHLETE NUTRITIONAL SUPPLEMENT DISCLOSURE and REVIEW FORM

I, \_\_\_\_\_ (Print name), 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 an 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 can not accurately certify that these products contain no substances banned by the NCAA. Terms such as “healthy” or “naturally occurring” do not necessarily mean safe to take or use, or that the NCAA endorses a product or approves its usage.

Before taking or using any supplement, I am responsible for taking appropriate steps to ensure that it does not contain any substance banned by the NCAA. This information can be obtained with the help of the departmental Athletic Training / Sports Medicine Staff or contacting the Resource Exchange Center at the Center for Drug Free Sport at [www.drugfreesport.com/rec](http://www.drugfreesport.com/rec).

1. Brand Name Supplement \_\_\_\_\_
2. Brand Name Supplement \_\_\_\_\_
3. Brand Name Supplement \_\_\_\_\_
4. Brand Name Supplement \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_