



ATHLETICS DEPARTMENT
Student-Athlete Nutritional Supplement Disclosure and Review Form

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 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 cannot accurately certify that these products contain no substance 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. Attaching a copy of the product label is helpful.

Brand Name: _____

Listed Ingredients: _____

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

Student-Athlete’s Signature

Date

Sport

OR

I, _____ am **NOT** taking and **DO NOT** intend to take 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 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 athletic department staff.*

Student-Athlete’s Signature

Date

Sport