

365 STRONG WORLD POWERLIFTING FEDERATION

DRUG-TESTING CONSENT FORM

By signing this form, I affirm that I am aware of the 365 Strong World Powerlifting Federation drug testing program and have read the Adult Substance Abuse Program Summary.

I acknowledge that doping or the use of drugs before or during a competition I've registered as "Tested" athlete is prohibited and a violation of our federation divisional code.

I consent and agree to urine drug testing to participate in the "Tested" division of this 365 Strong event.

I understand and agree that the collection process and testing procedures will be performed by a third party and in accordance with 365 Strong Policy.

I acknowledge that 365 Strong officials shall notify me of the results of the test immediately once results are known.

I FURTHER ACKNOWLEDGE AND AGREE THAT SHOULD NOTICE OF A POSITIVE TEST BE RETURNED FOR ANY REASON TO THE 365 STRONG, THE 365 STRONG SHALL HAVE THE RIGHT TO POST MY NAME ON THE MANDATORY 1-YEAR SUSPENSION LIST LOCATED ON OUR WEBISTE.

I acknowledge that if I test positive, refuse to be tested, and/or fail to appear for testing, I will automatically be disqualified from any further "Tested" competition for the same 1-year period, on a first time offense.

I acknowledge, I may request a hearing before the 365 Strong International Committee to challenge my suspension from 365 Strong for the period in question.

I acknowledge and agree that this Consent shall be in effect for one (1) year from the date of signing. The parties herein agree that if any part of this Consent shall be deemed invalid and/or unenforceable, the remaining terms and provisions of said Consent shall remain in full force and effect.

I acknowledge that I have read this Consent and fully understand and agree with its contents. I further acknowledge that if I am selected to be tested, I may be required to sign another Consent Form.

Dated this _____ day of _____, 20 _____

ATHLETE _____ DATE OF BIRTH _____

ADDRESS _____

City _____ State _____ Zip Code _____

Country _____

PRIMARY PH # _____ SECONDARY PH # _____

EMAIL ADDRESS _____ MEMBERSHIP # _____

ATHLETE SIGNATURE _____

WITNESS (PRINT NAME) _____

SIGNATURE OF WITNESS _____