¢	cl	า	^	Λ	ı	٧	۵	a	r				
3	u		u	u		1	C	a	1				

DOUGLAS COUNTY SCHOOL DISTRICT INFORMED CONSENT AGREEMENT

Stude	ent NamePlease Print Name	Grade	Date	
Spor	rt/Activity			
AS A	A STUDENT:			
-	I understand and agree that participati withdrawn for violations of this Informe		xtracurricular program is a privilege that ma	y be
-	I have read the Informed Consent Agreemy commitment to the Informed Conse		consequences that I will face if I do not hone	or
-	I understand and realize that there is a activities.	always a risk of injury in parti	cipating in cocurricular and extracurricular	
-	suspicionless urine drug and alcohol to	esting, and if I refuse, I will n	rricular program, I will be subjected to rando ot be allowed to practice or participate. I I have read the consent on the reverse of t	
-	I understand this is binding upon me w	while I am a student in the Do	ouglas County School District.	
——— Pleas	se Print Name			
Stude	ent Signature		Date	
AS A -	A PARENT/GUARDIAN: I have read the Informed Consent Agree participant in the Random Student Dru		responsibilities of my son/daughter/ward as am in High School.	а
-	I understand and realize that there is a in cocurricular and/or extracurricular a	• •	olved for my son/daughter/ward as a partici	pant
subje partic	ected to random, suspicionless urine drug cipate in the activity. I understand that a receiver energy of this form and agree to its	and alcohol testing, and if herefusal to test will be handled terms.	ular and/or extracurricular program, may be e/she refuses, will not be allowed to practice as a positive test. I have read the consernation to the Douglas County School District.	e or
	se Print Name			
Parer	nt/Guardian Signature	II Distay II II II II	Student Signature	

Exhibit A Page 1