

BOWDOIN COLLEGE
STUDENT-ATHLETE NUTRITIONAL SUPPLEMENT DISCLOSURE POLICY

I _____ ASSUME ALL RISKS ARISING OUT OF MY TAKING NUTRITIONAL SUPPLEMENTS. I ACKNOWLEDGE THAT I MAY LOOSE 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 SUPPLEMENT.

ACCORDINGLY, I HEREBY AGREE TO TAKE THE APPROPRIATE STEPS TO ENSURE THAT ANY NUTRITIONAL SUPPLEMENT THAT I MAY USE WILL NOT CONTAIN ANY SUBSTANCE BANNED BY THE NCAA. BY MAKING THIS DISCLOSURE, I AM REQUESTING SUCH PRODUCT TO BE REVIEWED BY MY INSTITUTIONS HEAD ATHLETIC TRAINER FOR THE PURPOSES OF DETERMINING WHETHER THEY ARE APPROPRIATE TO USE AND DO NOT CONTAIN SUBSTANCES BANNED BY THE NCAA.

MY SIGNATURE BELOW ACKNOWLEDGES MY UNDERSTANDING AND ACCEPTANCE OF THIS NUTRITIONAL SUPPLEMENT POLICY.

PRINTED NAME OF ATHLETE _____ SPORT _____

SIGNATURE OF ATHLETE _____ DATE _____

BOWDOIN COLLEGE
STUDENT-ATHLETE NUTRITIONAL SUPPLEMENT REVIEW FORM

BRAND NAME	LISTED INGREDIENTS	BANNED INGREDIENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____