Clayton State
Department of Athletics
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 fro 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 an inaccurate, and that sale personnel are paid to sell these products and cannot 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. By making this disclosure, I am requesting that these products and their ingredients be reviewed by my medically safe to use and do not contain substances banned by the NCAA. I understand that I should not take or use these products until my institution's head athletic trainer has approved their usage.

****If you are not taking any supplements currently please mark "none" sign and date this form.****
Remember if you begin taking a supplement you are responsible for notifying the head athletic trainer.

Brand Name	Listed Ingredients	Banned Substances
1) _____		
	_____	
	_____	
2) _____		
	_____	
	_____	
3_____		
	_____	
	_____	
4) _____		
	_____	
	_____	
5) _____		
	_____	
	_____	

_____ _____

Student-Athlete Signature **Date** **Head Athletic Trainer Signature** **Date**