



COLUMBIA UNIVERSITY ATHLETICS

Columbia University in the City of New York

Nutritional Supplement Disclosure and Review Form

I, _____ am taking or intend to take the following nutritional supplements.
(Student-Athlete Name printed)

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 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 substances banned by the NCAA. Terms such as “healthy” and “naturally occurring” do not necessarily mean safe to take or use, of 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 substances banned by the NCAA. By making this disclosure, I am requesting that these products and their ingredients be reviewed by my institution’s head athletic trainer for the purpose of determining whether they are 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 their usage has been approved by my institution’s head athletic trainer.

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

SIGNATURES:

Student-athlete

Date

Head Athletic Trainer

Date