

MA DRUG & ALCOHOL POLICY

ACKNOWLEDGEMENT AND DECLARATION



I, the undersigned acknowledge that I am bound by and agree to comply with the MA Drug & Alcohol Policy (**Policy**) and otherwise agree as follows:

1) In this acknowledge and declaration:

Event means

Prohibited Substance means any substance considered illegal under legislation of the state or territory where a breach occurs, as well as those listed in [Schedule 1 of the Criminal Code Regulations 2019 \(Cth\)](#) as amended from time to time.

Sample means a sample provided in conjunction with a Test.

Test means any test conducted under this Policy to detect the presence of alcohol or a Prohibited Substance.

Venue means

2) In accordance with the Policy, amongst other things (and without limitation to the terms of the Policy), I acknowledge that:

a) I cannot:

- i) use, consume, possess, manufacture, sell, purchase or otherwise transfer a Prohibited Substance during the course of the Event;
- ii) have a blood alcohol reading of more than 0.00 during the course of the Event;
- iii) have any Prohibited Substances in my system during the course of the Event;
- iv) refuse to provide a Sample as part of a Test; or
- v) give false answers to any questions from any person administering a Test.

b) I may be required to conduct a Test in the following circumstances:

- i) where I am randomly selected to do so;
- ii) if there is suspicion that I am under the influence of alcohol or a Prohibited Substance; or
- iii) on a voluntary basis where I request to do so.

c) If I breach any of the provisions in clause (2)(a)(i)-(v) I will be refused participation in the Event. If I am found to have breached Clause 2(a)(v), further action may be taken under GCRs.

d) I have no right to:

- i) undertake a second Test if I breach the Policy following my initial Test;
- ii) appeal any sanction that is imposed on me as a result of my breach of the Policy; or

iii) appeal the accuracy of the Test or any matters pertaining to the Testing process.

3) I further undertake, if I consider there to be a possibility that any medication (that is not prescribed by a medical practitioner) that I am taking might affect my ability to pass a Test, to provide details of these medications in this Acknowledgement and Declaration at clauses 8 and 9.

4) If clause 3 above applies to me, and I provide details of the medication that I am currently taking prior to any Test, I may be able participate in the Event if such medication is the reason for a non-negative Test result being incurred. (For the avoidance of doubt, a participant will only be allowed to participate in the Event where it can be established such medication is the sole reason for the non-negative Test result but not in circumstances where a non-negative Test results from the presence of the medication **and** a Prohibited Substance).

5) If I do not follow the procedure in clause 3 above and have not disclosed details of a medication (that is not prescribed) that might be attributable to a non-negative Test result, and I record a non-negative Test result because of taking such medication, I will not be able to participate in the Event.

6) The Policy, this Acknowledgement and Declaration Form and any other terms and conditions of entry comprise a contract between me and MA which is necessary and reasonable for promoting and conducting the Event and for my wellbeing and the wellbeing of other competitors and participants in the Event.

Please tick the appropriate box and complete the information as required:

7) I am currently taking prescribed medication:

- Yes: Go to question 8
 No: Go to question 10

8) Is your prescribed medication likely to affect your ability to participate safely in the Event?

- Yes: Withdraw your entry from this event (see clause 5).
 No: Go to question 9

9) The prescribed medication that I am currently taking is as follows:

MA DRUG & ALCOHOL POLICY

ACKNOWLEDGEMENT AND DECLARATION



- 10) I am currently taking non-prescribed or over-the-counter medication that may cause me to record a positive Test result:
- Yes: Go to question 11
- No: Go to clause 12
- 11) The non-prescribed or over-the-counter medication that I am currently taking is (tick where applicable and/or fill in other):
- | | | | |
|-------------------------------|--------------------------|---------------|--------------------------|
| Painkillers (such as codeine) | <input type="checkbox"/> | Sleeping aids | <input type="checkbox"/> |
| Cough medication | <input type="checkbox"/> | Antihistamine | <input type="checkbox"/> |
| “Cold and Flu” medication | <input type="checkbox"/> | Decongestants | <input type="checkbox"/> |
- Other: _____

- 12) I confirm that I understand that the Policy does not replace or in any way affect the MA Anti-Doping Policy or in any way affect the testing that may be carried out by Sport Integrity Australia or by MA under the MA Anti-Doping Policy.
- 13) I confirm that I understand that providing information in response to questions 7-11 of this Acknowledgement and Declaration Form in no way abrogates my responsibility under the MA Anti-Doping Policy, including in relation to Therapeutic Use Exemptions.
- 14) I agree that nothing in this Acknowledgement and Declaration Form operates to restrict or limit the possibility of sanctions or penalties under any other rule, regulation, policy or procedure of MA or the Relevant Controlling Body including in circumstances where any Test Sample is found to exceed safe levels of any non-prescribed or prescribed medication.
- 15) I warrant that all information provided is true and correct. I acknowledge that any statement or information contained in this acknowledgement and declaration form that is found to be false might result in sanction or punishment from MA (including in the manner as provided for under clause 2(c)). I further acknowledge that this acknowledgement and declaration form cannot be amended. If I do amend this acknowledgement and declaration will be null and void and cannot be accepted.

I have read and understood this form and I acknowledge and agree to the above conditions.

Name:

Signed:.....

Date:.....

Parent/Guardian:.....

Signed:.....

Date: