**Appendix Three: Nutrition Supplement Disclaimer
*(Available as a separate PDF to download)***

SURNAME: FIRST NAME:

DOB: SPORT:

ADDRESS:

CITY: POST CODE:

TELEPHONE:

EMAIL ADDRESS:

I am aware that there is a difference between a prescribed supplement from a medically qualified physician resulting from blood analysis and that of a potentially performance enhancing nutritional supplement.

I am aware that (Insert organisation or individual practitioner’s name) does not supply athletes with nutritional supplements and that any athlete who chooses to use such products does so at their own risk and accepts full responsibility.

Advice on nutritional supplements is available from (Insert SENr nutritionists name) ensuring high level athletes receive appropriate and evidence-based information. This enables athletes to make an informed choice.

I hereby confirm that I would like to use nutritional supplement products. I understand the risk of contamination with substances included in the list of banned substances published by WADA and I take full responsibility for my decision and accept all liability for sourcing, purchasing, and consuming any nutritional supplements.

Athlete’s signature: DATE:

SENr Nutritionist’s signature: DATE:

***(1 x copy for athlete, 1 x copy for coach 1 x copy for SENr nutritionist)***