

**ACKNOWLEDGMENT OF THE AGENCY'S
DRUG FREE-WORKPLACE POLICY, CONSENT TO TESTING
AND RELEASE OF INFORMATION AND LIABILITY**

I, _____, acknowledge that I have seen and reviewed the Agency's Drug-Free Workplace Policy. I understand that pursuant to the policy I may be required to submit a sample (such as of my urine, blood, saliva and/or breath) to a collection and laboratory facility, which the Agency selects, for chemical analysis to determine whether any prohibited drugs and/or alcohol are present in my system. I further understand that if I fail this test, and/or refuse to abide by all sample collection and chain of custody procedures, I will be subject to disciplinary action, including immediate termination, as set forth in the Agency's Substance-Free Workplace Policy and Discipline Policy.

I hereby knowingly and voluntarily consent to the Agency's, the laboratory's and/or the collection facility's (or their respective agent's) request for my sample for chemical analysis. I further authorize the laboratory or collection facility (or their agent's) to release to the Agency any information regarding the results of any such chemical analysis. In exchange for my continuing at-will employment with the Agency, I also release the Agency, including any and all of its officers, directors, managers and employees, from any and all claims, suits, charges, causes of action, liability and damages relating to or arising from (a) the submission of my sample for chemical analysis; (b) my refusal to submit a sample; (c) the release of any information to the Agency pertaining to the collection, testing or test results of my sample; and/or (d) the termination of my employment based on a positive drug or alcohol test result, my refusal to submit to testing and/or my interference with any test.

I also understand that this acknowledgment, consent and release will remain valid, binding and available for use throughout my employment with the Agency whenever the Agency requires that I submit to a drug and/or alcohol test.

I further agree that a photocopy or exact reproduction of this consent and release, as duly executed, shall have the same effect as this original.

Employee Signature/Date

Printed Name