



## **Voluntary Consent and Release of Liability for Drug/Alcohol Testing**

I understand that, for my protection and for the protection of others with whom I will be working, it is the company's policy to prohibit the use, possession and/or sale of illegal or unauthorized drugs and alcoholic beverages on company property or during working hours. Illegal and/or unauthorized drugs include the following: marijuana, narcotics; all other drugs not prescribed by a licensed physician for adversely influence performance or behavior.

My signature below constitutes voluntary consent to the company's request for me to provide urine and/or blood for alcohol and drug analysis. I fully understand that failure to cooperate with any request for a blood or urine sample for chemical analysis may result in discipline up to and including immediate discharge. I further agree to release and hold harmless the company and its employees and agents from any and all liability whatsoever on account of or arising from this request to furnish a blood and/or urine sample, the testing of such sample or disclosure of the results of any such chemical analysis.

I am taking the following medications:

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Date \_\_\_\_\_

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Employee

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Witness