

Inland Dredging Company

Authorization, Consent, and Release for Drug-Free Workplace Alcohol/Drug Testing

I understand and agree that voluntary participation in pre-employment, random, post-accident, reasonable suspicion/cause, and return to duty drug/alcohol testing that produces a negative result is a condition of employment. I do hereby freely and voluntarily consent to undergo all drug/alcohol testing as required by Inland Dredging Company and to fully comply and abide by the Company Alcohol and Drug-Free Workplace Program/Policy.

Further, I authorize all hospitals, clinics, agencies, collection and testing laboratories, facilities, doctors, nurses, staff, and agents to release to Inland Dredging Company all information and documentation, including the results of such test(s). Additionally, I release and hold harmless Inland Dredging Company, all hospitals, clinics, collection and testing laboratories, facilities, doctors, nurses, staff, agents, medical, and transportation personnel from any and all liability, including but not limited to, release or use of information or documentation, I authorize this authorization/consent/release to remain effective throughout my employment at the above company.

I understand that refusal to submit to a requested drug screen will be treated as a violation of Inland Dredging Company's Alcohol and Drug-Free Workplace Program/Policy and will result in discipline up to and including termination.

I have read, understand, agree with, and will abide by this document, had this document explained to me, received a copy and understand its importance. I voluntarily give a complete **Authorization, Consent, and Release**. Additionally, I understand and agree that this is a legal and binding document.

Print Full Legal Name

Signature

Date