

CONSENT FORM AND RELEASE OF LIABILITY

Name of Applicant/Employee (please print): _____

Social Security Number: XXX-XX-____

I understand that in accordance with the Town of Liberty’s policy of providing and maintaining a safe and healthful working environment for all employees that I will submit to a drug screen/alcohol test. I hereby consent to the collection of a specimen of my urine and to the testing of such specimen.

I hereby authorize the release of the results of the test to the management of the town and its designated medical or professional representatives.

I release the town, its elected officials, employees, management and its designated medical or professional representatives, from any and all claims, causes of action or liability resulting from this test, the collection or testing of the sample, the release of the results of the test to such persons, and any decisions resulting therefrom.

Signature

Date

Town

Date

Witness

Date