

## Release and Consent For Substance Abuse Testing

I, the undersigned, agree as required by Advantage Technical Resourcing clients, prior to or during my assignment, to submit to any type of drug/alcohol/substance abuse screening test. Furthermore, I voluntarily authorize any laboratory designated by Advantage Technical Resourcing or its clients to conduct a test or tests for the purpose of determining the presence of illegal substances.

I consent to the release, by the laboratory designated by Advantage Technical Resourcing or its clients, of the results of the drug/alcohol/substance abuse test or tests to Advantage Technical Resourcing.

I hereby agree to hold Advantage Technical Resourcing, its affiliated companies, employees, clients and agents harmless from any and all claims in the event that I am not approved for this assignment or I am terminated for failing to pass the client substance abuse screening test.

I understand the terms and conditions of this release and consent form. Furthermore, I have had the opportunity to ask any questions prior to consenting. My signature is voluntary, without coercion or duress. I understand that should the results of said test prove positive, my application for employment and/or request to be considered for assignment with certain clients may be rejected or a conditional offer of employment or assignment may be rescinded.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please complete this form and send the original to your Advantage Technical Resourcing representative. Make a photocopy if you wish to retain a copy for your records.