

Delaware North Parks Services at Sequoia

APPLICANT DRUG SCREEN CONSENT AND RELEASE

Applicant:

If you are presently taking or have recently taken (within the last six(6) months) any medications, including prescription and over-the-counter medications, it is essential to the analysis of your drug test results that you furnish this information on the Three-Part Drugs of Abuse Test Form when submitting it to the collection facility.

I, _____, candidate for employment with Delaware North Companies or one of its affiliates (The Company), hereby acknowledge that I have been given copies of the corporation's Applicant Substance Abuse Policy (the Policy) and a summary of the procedures to review and that I understand their terms.

I hereby consent to be tested for the presence of illegal drugs and controlled substances pursuant to the Policy and to the disclosure of the results of the test to the Company, for use by and internal communication to, personnel who by reason of their job responsibilities or position of supervision of me, have a reason to know.

I understand that the collection facility may ask for photo identification. I also understand that the collection facility, in accordance with its own procedures and requirements may ask me to complete a medical history survey. I understand that this survey is not part of the Company's hiring process and that the survey will not be provided to the Company.

I release and discharge the Company, its parent, subsidiaries, affiliates, successors and assigns, and their respective shareholders, officers, directors, employees, former employees, agents, contractors, and attorneys from any claim or liability relating to or arising out of the performance of the test, the analysis, and/or the employment determination, including, without limitations, the testing procedures, the analysis, any follow-up investigation, the ultimate employment determination and the disclosure of the test results as described herein and as required by law.

Signed _____ Date _____

Address _____

Witness (required) _____

Parental Authorization _____ Date _____
(required for minors)