

RIDGEWOOD COUNTRY CLUB

DRUG AND ALCOHOL POLICY CONSENT FORM

I understand that Ridgewood Country Club ("the Club") requires applicants for employment to be tested regarding their use of alcohol, drugs and/or controlled substances. I understand the process of the testing is to determine if alcohol, drugs, and/or any controlled substances are present in my system. I understand that the testing is generally done by urinalysis but may include blood tests or other tests. I also understand a laboratory selected by the Club will perform the testing and will provide the results to the Club, its agents and employees. I hereby fully and freely consent to having such test(s) performed and to having the results provided to the Club, its employees and agents. If employed, I further consent to such testing during my employment by the Club.

I further understand that the Club's Drug and Alcohol Policy prohibits the manufacture, sale, transfer, possession, use or being under the influence of illegal drugs, controlled substances or alcohol while performing work or in the Club or a Club vehicle.

I understand that compliance with this policy is required as a condition of my employment with the Club and I hereby consent to having such drug and alcohol tests performed as the Club may require and the results given to the Club, its employees and agents. I further understand that failure to submit to the testing, or testing positive for alcohol, illegal drugs, or controlled substances will disqualify me from consideration from employment and, if employed, may disqualify me from continued employment. Applicants who test positive on their first test may reapply and be retested sixty (60) days after their first test.

I UNDERSTAND THAT A DRUG AND ALCOHOL TEST WILL BE REQUIRED AS A CONDITION OF MY EMPLOYMENT IF I AM INJURED WHILE WORKING FOR THE CLUB OR INVOLVED IN AN ACCIDENT WHICH CAUSES INJURY TO ANOTHER PERSON OR PROPERTY DAMAGE. I HEREBY CONSENT TO HAVING A DRUG AND ALCOHOL TEST PER-FORMED AT ANY TIME DURING OR AFTER MY TREATMENT FOR SUCH INJURY AND AUTHORIZE ANY PERSON OR ENTITY TREATING MY INJURY TO OBTAIN NECES-SARY SAMPLES AND TO CONDUCT SUCH TESTS. ALTHOUGH I AGREE TO EXECUTE ADDITIONAL CONSENT FORMS AT THAT TIME IF THEY ARE REQUESTED, I UNDERSTAND AND AGREE THAT NO FURTHER CONSENT ON MY PART WILL BE NECESSARY TO ALLOW SUCH TESTS TO BE PERFORMED BY A LABORATORY SELECTED BY THE THE CLUB AND THE RESULTS PROVIDED TO THE CLUB, ITS EMPLOYEES AND AGENTS.

I release and agree to hold harmless the Club, its agents, servants and employees of and from any and all liability to me in connection with or arising out of any drug and/or alcohol tests and the use of the results of any such tests, including but not limited to, from any liability or damages to me due to the negligence of the Club, its agents, servants and employees and/or the testing laboratory.

DATE: _____ NAME: _____

SIGNATURE: _____

This form must be completed before the employment application can be processed.