

Adult Student Drug, Alcohol and Tobacco Testing Authorization and Release

I consent for specimens of hair, urine, and/or breath to be taken and tested by a laboratory designated by the Florida Conference of Seventh-day Adventists and Forest Lake Academy ("FLA") (collectively, the "Conference") to determine any current illegal use of drugs and/or the presence of alcohol or tobacco (nicotine) in my body at any time during the 2018-19 academic year, from August 13, 2018 through May 22, 2019. My consent shall be effective for all tests requested and conducted by FLA and the Conference during the 2018-19 academic year. I authorize the Conference and the testing laboratory to collect specimens and conduct testing for the current illegal use of drugs or presence of alcohol or tobacco. I agree to cooperate in the taking and testing of such specimens.

I understand that the results of these tests will be used to determine my compliance with the Conference's and FLA's policies, rules and procedures and my suitability for continued enrollment at FLA. I understand that refusal to give consent for testing or cooperate in giving any necessary specimens requested will result in withdrawal or expulsion from FLA.

I authorize the laboratory selected by the Conference to disclose all pertinent information, including test results, to employees of FLA and/or the Conference involved in the process related to testing for drug, alcohol and/or tobacco use and actions in response to my test results. I also authorize the Conference to release all pertinent information, including test results, to my parents or legal guardians. I release FLA and the Conference, the laboratories conducting the sample collection and/or tests and all of their officers, directors, employees, representatives, agents, affiliated organizations, and attorneys from any and all claims, liabilities or actions arising out of or relating to the collection and testing of my urine, blood, breath and/or hair and the communication of the test results, regardless of whether such claims, liabilities, or actions arise, in whole or in part, from the negligence of the parties released, or of any of them.

I further authorize FLA, the Conference and the laboratories to release test information, results and forms to the Conference and FLA, in response and any claims or proceeding commenced by me or on my behalf challenging the test and/or, in response to any disciplinary or expulsion actions taken as a result of the test.

I am eighteen years of age or older, or have been legally emancipated. I have signed this authorization release voluntarily and of my own free will.

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, ASK BEFORE SIGNING.

Date

Student Signature

Date of Birth

Print Student Name