

DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM

If requested I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by What if Y not Everything, Inc. in order to meet with their policy regarding the selection of applicants for employment if needed or required by the Company. We reserve the right to randomized testing when deemed needed by the company.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that the use of illegal drugs would prohibit me from being employed at this Company.

I further agree to forever hold harmless What if Y not Everything, Inc. and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application or status of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____

Signature: _____