



**Peachtree Hospitality Management
Drug and Alcohol Screening Consent and Release**

(Please Read and Acknowledge Understanding)

I understand and agree that this Consent and Release is part of my employment application and, as a condition to its consideration and any offer of employment, I hereby consent to and authorize Peachtree Hospitality Management to collect urine, blood, or other samples from me, and further authorize Peachtree Hospitality Management and/or any doctor or medical professional agency, clinic, laboratory or medical facility or person designated by Peachtree Hospitality Management to conduct such tests as it believes necessary to determine the presence in my system, or use by me of alcohol or any other drugs. So that the tests will be valid, I agree not to intentionally contaminate, dilute, or otherwise tamper with any samples so collected from me.

I understand and agree that the results of such testing will be used by Peachtree Hospitality Management in its consideration of my employment application or may be used by Peachtree Hospitality Management to withdraw any offer of employment previously made, or to terminate my employment, if I have been hired by Peachtree Hospitality Management pending receipt of my drug test results.

Further, I hereby authorize and consent to the release of the results of such tests to Peachtree Hospitality Management. Also, if employed, and for as long as I am employed, I consent and agree, at the request of Peachtree Hospitality Management, to undergo testing for alcohol or drugs when: (a) An accident occurs in connection with, arising out of or related to any Team Member's work or whether the Team Member is involved directly or indirectly in the accident; (b) When there is reasonable belief that drugs or alcohol are being used on hotel property; and/or when there is a reasonable belief that any Team Member's behavior is affected by a controlled substance and/or alcohol, the Team Member will be required to undergo a drug and/or alcohol test; (c) Drug testing on a random basis as permitted by law; (d) For every job-related injury, regardless of the severity of the injury, the Company will test for the use of drugs and alcohol. This includes the injured Team Member or any Team Member determined to have caused the injury, testing will be at the time that the injured person is being treated. If I test positive to the drug and alcohol test, I will be subject to immediate dismissal. Additionally, PEACHTREE HOSPITALITY MANAGEMENT reserves the right to controvert any workers compensation claim based on a positive test result.

Team Members are required to cooperate with PEACHTREE HOSPITALITY MANAGEMENT in the investigation of suspected violations of this policy. Failure to do so may result in discipline up to and including termination/discharge. I consent and agree to undergo alcohol and/or drug tests conducted by Peachtree Hospitality Management or its designee and to have the results of all such tests released to Peachtree Hospitality Management, as is set forth above. I understand and agree that in the event I decline to take such tests upon request, or if I take them and the reported results are positive, I will be subject to immediate discharge.

In the event of my employment, I further consent and agree thereafter to cooperate fully with Peachtree Hospitality Management in connection with any investigation by it of a suspected violation of its Policy on Alcohol and Drug Use, including permitting the search of my locker, lunch box, purse, clothing, briefcase, and or automobile located on the premises of Peachtree Hospitality Management

I hereby release Peachtree Hospitality Management, its predecessors, successors, and their respective Team Members, officers, directors, agents and representatives, property owners, licensors, lessors, and any doctor or medical professional, agency, clinic, laboratory, medical facility or person conducting any drug or alcohol test or on behalf of Peachtree Hospitality Management, from any and all claims, demands, damages, liabilities or actions whatsoever arising out of or relating to: (1) the collection of urine, blood or other samples for testing and retention; and/or (2) such tests or to the disclosure of such tests results to

Peachtree Hospitality Management; and/or (3) the investigation by Peachtree Hospitality Management of any suspected violation of its Policy on Alcohol and Drug Use; and/or (4) any employment decision made on the basis of the test results.

If I fail to report to the designated testing facility within 6 hours of being instructed, I agree that any offer of employment will be withdrawn with no further consideration, or if employed, I will be terminated. I also understand that if I fail to report for my drug test at the appointed time and place, I am disqualified from further employment consideration.

I have read and understand the above, and agree to all of its terms and conditions. I understand that if I refuse to give my consent I will no longer be considered for employment by Peachtree Hospitality Management.

Applicant

Date

Refusal to Consent

I have read and understand the above and refuse my consent.

Applicant

Date