



CONSENT AND RELEASE AGREEMENT
NOT TO SUE AND INDEMNIFY
LUNA COMMUNITY COLLEGE
DRUG TEST SCREEN FORM

Human Resources Department
366 Luna Dr.
Las Vegas, NM 87701
(505) 454-2503

RANDOM, POST ACCIDENT, REASONABLE SUSPICION, FOLLOW-UP
AND PRE-EMPLOYMENT DRUG AND ALCOHOL TEST SCREENS

Current Employees: As a condition of my continued employment, I hereby consent to submit to Random, Post Accident, Reasonable suspicion, And/Or Follow-Up Drug and Alcohol Test Screens. I further consent to allow laboratory testing service to make the results of such screen available to my current employer, Luna Community College as defined in LCC Policy Drug Free Work Place and Employee Drug and Alcohol Testing.

Pre-Employment: I have applied for employment with Luna Community College and I have been extended a conditional offer of employment. I understand that as a condition of my being considered for employment, I agree to undergo a Pre-Employment Drug and Alcohol Screening. I understand that if my test results are positive, I shall not be considered further by Luna Community College.

In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents, and employees, from any and all claims, which I might otherwise have due to such Drug and Alcohol Screening results being made so available.

I hereby consent not to file any action of law or in equity against Luna Community College, the laboratory testing service, their respective officers, agents or employees in connection with the Drug and Alcohol Screening results of such screen being made so available, and I hereby agree to indemnify and save harmless Luna Community College, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of Drug and Alcohol Screening made so available.

Individual's Printed Name

Individual's Signature

Date

LCC's Witness Printed Name

LCC's Witness Signature

Date