## RECEIPT & ACKNOWLEDGMENT OF DRUG AND ALCOHOL POLICY

Please read the following statements and sign below to indicate your receipt and acknowledgment of Deck & Fence Renewal Systems, Inc.'s Drug and Alcohol Policy.

I understand that I am subject to the terms and conditions of Deck Renewal Systems, Inc.'s Drug and Alcohol Policy. I further understand that I may be required to submit to alcohol and controlled substances tests during the course of my employment at Deck & Fence Renewal Systems, Inc.

I am aware that if I refuse to submit to an alcohol or controlled substances test or engage in conduct that obstructs the testing process that I will be subject to disciplinary action up to and including immediate dismissal. Furthermore, I understand that nothing in this policy changes the employment-at-will relationship that I have with the Company.

I understand that until or unless proven otherwise, a positive test for alcohol or a controlled substance will be considered proximate cause of a workplace injury and the Company may seek disallowance of a workers' compensation claim should I test positive for alcohol or controlled substances after a work related accident or injury. Moreover, I realize that my refusal to submit to any chemical test described within this policy may affect my eligibility for worker's compensation benefits.

I understand that violations may lead to disciplinary action up to and including termination of employment, even for a first offense. I further understand that the Company does not guarantee that one form of action will necessarily precede another and nothing in this policy changes the employment-at-will relationship between me and the Company.

If I have questions regarding Deck & Fence Renewal Systems, Inc.'s Drug and Alcohol Policy, I know to contact the Company's Drug and Alcohol Program Administrator.

I acknowledge receipt of Deck & Fence Renewal Systems, Inc.'s Drug and Alcohol Policy and related materials.

Employee Signature

Print Name

Date