

Employee Indemnity Consent Statement

Date: _____

Employee Details

Employee Name: _____

Designation: _____

Department: _____

Employee ID: _____

Indemnity Consent Statement

I, the undersigned employee, hereby agree to indemnify and hold harmless my employer, its affiliates, directors, officers, and employees, from and against any and all claims, liabilities, damages, losses, and expenses arising from any willful misconduct, negligence, or breach of company policies on my part during the course of my employment.

I acknowledge that I have read and fully understood the terms of this indemnity consent, and I voluntarily agree to comply with company guidelines and to cooperate fully in all investigations or claims arising out of my actions or omissions.

I understand that this consent remains in effect throughout my employment and after termination where applicable by law.

Employee's Signature

Date: _____

Authorized Representative

Date: _____

Important Notes

- This document should be read and understood before signing.
- The indemnity consent does not absolve the employer from their legal obligations.
- Ensure all personal and employment details are accurate and up to date.
- Consult legal counsel if you have questions about your rights and obligations.
- Keep a signed copy of this document for your records.