

Employee Risk Acknowledgment and Liability Form

Employee Name:

Position/Title:

Department:

Date:

Acknowledgment of Risk

I acknowledge that, as an employee of [Company Name], I may be exposed to certain risks in the course of my duties. I understand that these may include, but are not limited to: physical injury, exposure to hazardous materials, operational risks, and other work-related hazards.

I confirm that I have been informed of the risks associated with my job and have received appropriate training and information regarding safety procedures, protective equipment, and emergency protocols.

Release of Liability

I hereby release, discharge, and hold harmless [Company Name], its officers, employees, and agents from any and all claims, liabilities, or demands related to injuries, damages, or losses that may arise out of or in connection with my employment, except to the extent such claims arise as a direct result of gross negligence or willful misconduct.

Employee Declaration

I confirm that I have read and understood the information provided above. I understand the risks associated with my employment and agree to adhere to all safety guidelines and procedures established by [Company Name].

Employee Signature:

Date Signed:

Important Notes

- This document should be reviewed with the employee to ensure full understanding of risks and responsibilities.
- It is recommended to update and review this form periodically, especially when job roles change.
- Consult legal counsel for compliance with local labor and employment regulations.
- Keep signed copies secure for record-keeping and possible audits.

