

Short-Form Workplace Liability Acknowledgment

I, the undersigned employee, acknowledge and agree to the following terms as a condition of my employment with the company:

1. I understand that workplace activities may involve certain inherent risks, and I agree to follow all safety protocols and instructions provided by the company at all times.
2. I accept responsibility for my actions while performing my work duties and commit to immediately reporting any hazards, unsafe conditions, or injuries to my supervisor or the Safety Officer.
3. I agree to use any provided personal protective equipment (PPE) as required, and to participate in mandatory safety training as scheduled by the company.
4. I understand that failure to comply with the company's safety guidelines or policies may result in disciplinary action, up to and including termination.
5. I acknowledge that this acknowledgment does not waive any legal rights afforded to me under applicable local, state, or federal law.

Employee Name: _____

Signature: _____

Date: _____

Important Notes:

- This acknowledgment is a summary and should be accompanied by the company's full safety and liability policy.
- Employees should be given adequate time to review the document before signing.
- This form does not remove employer obligations to provide a safe work environment.
- Legal requirements may vary; consult with legal counsel to ensure compliance.