

Staff General Liability Waiver

Date: _____

This Staff General Liability Waiver ("Waiver") is entered into by the undersigned staff member ("Staff") and [Organization/Company Name] ("Organization"), effective as of the date signed below.

1. Assumption of Risk

I acknowledge and understand that participation in activities performed as part of my employment with the Organization may involve certain risks, including, but not limited to, physical injury, illness, property damage, or other unforeseen events.

2. Release of Liability

In consideration for being permitted to participate in work-related activities, I hereby waive, release, and discharge the Organization, its directors, officers, employees, agents, and representatives from any and all claims for damages, injuries, or losses that may arise as a result of my participation, except those resulting from gross negligence or willful misconduct.

3. Indemnification

I agree to indemnify and hold harmless the Organization from any and all claims, actions, damages, or losses, including reasonable attorneys' fees, that may arise out of my actions or conduct in connection with my employment.

4. Medical Authorization

In case of injury or medical emergency, I authorize the Organization to seek necessary medical treatment for me and agree to be responsible for any associated costs.

5. Acknowledgment and Understanding

I confirm that I have read and fully understand the terms of this waiver. I acknowledge that I am signing this voluntarily and understand that I am relinquishing certain rights.

Staff Name (Print)

Staff Signature

Date

Important Notes:

- This waiver does not protect against claims arising from gross negligence or intentional misconduct.
- Staff should read and understand the document before signing.
- This document is subject to local/state laws and regulations; legal review is recommended.
- Keep a signed copy for both staff and employer records.
- Staff medical insurance information may be requested for emergencies.