

Accident Waiver & Release of Liability Form

This form must be completed by employees who wish to participate in company activities or events. Please fill in all sections carefully.

Employee Information

Full Name

Employee ID

Department

Email Address

Contact Number

Event/Activity Details

Event/Activity Name

Date

Location

Waiver Statement

I, the undersigned, hereby acknowledge my voluntary participation in the above-mentioned activity/event. I fully understand and accept all risks, hazards, and dangers, including the risk of bodily injury, associated with this activity. I voluntarily waive, release, and discharge the Company, its employees, and agents from any and all liability, claims, demands, and causes of action arising from my participation.

Employee Signature

Type full name here

Date Signed

Witness Signature

Type full name here

Date Signed

Important Notes

- This form does not provide insurance; it waives liability for certain accidents or injuries.
- Read carefully before signing. Ask HR for clarification if needed.
- False or misleading information on this form may result in disciplinary action.
- Keep a copy of this signed document for your records.
- This form is required before participating in specific company-sponsored events or activities.