

Employee Accident Waiver & Release of Liability

I,

Employee Name

(Employee), acknowledge and agree that I voluntarily participate in company activities and duties at my own risk. By signing below, I hereby waive, release, and discharge [Company Name] and its representatives from any and all liabilities, claims, actions, or causes of action arising out of or related to any accident, injury, illness, or loss that may occur during employment or on company premises, except those arising from gross negligence or willful misconduct.

I certify that I have read and voluntarily sign this waiver and understand its contents. I further agree to provide emergency contact information below.

Employee Information

Employee ID

e.g., 123456

Department

Department

Phone Number

e.g., (555) 123-4567

Emergency Contacts

Name	Relationship	Phone Number
Contact Name	e.g., Spouse	e.g., (555) 987-6543
Contact Name	e.g., Parent	e.g., (555) 111-2222

Employee Signature

Date: YYYY-MM-DD

Company Representative

Date: YYYY-MM-DD

- This waiver does not absolve employers from providing a safe work environment as required by law.
- Employees should fully read and understand the waiver before signing.
- Emergency contacts should be kept up-to-date for quick response in case of incidents.
- A copy of the signed waiver should be provided to both the employee and company HR records.
- Consult legal counsel to ensure your waiver complies with local laws and regulations.