

General Employee Accident Liability Waiver

This General Employee Accident Liability Waiver ("Waiver") is entered into by and between:

Employee Name: _____

Department: _____

Date: _____

1. Waiver of Liability

I, the undersigned employee, acknowledge that participation in company-related activities, whether within or outside of company premises, may involve certain risks of accident, injury, or damages. In consideration for being permitted to participate in such activities, I voluntarily assume all risks associated and hereby waive, release, and discharge [Company Name], its officers, directors, and employees from any and all liability for any injury, loss, or damage to person or property that may arise during my participation.

2. Assumption of Risk

I fully understand the risks involved in my participation and accept responsibility for my actions, behaviors, and involvement. I confirm that I am physically able and professionally qualified to participate in the stated activities.

3. Medical Attention

In the event of an accident, I authorize [Company Name] to secure any medical attention deemed necessary, and I agree to be solely responsible for all related costs.

4. Agreement Acknowledgment

I have read and understood this waiver and voluntarily agree to its terms. This waiver is binding upon me, my heirs, executors, administrators, and assigns.

Employee Signature Date

Authorized Company Representative Date

Important Notes:

- This document should be reviewed by legal counsel before use.
- Signing does not absolve the company of gross negligence or willful misconduct.
- Employees should receive a copy for their records.
- Adapt the language and content as appropriate for local laws and specific activities.