

# 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.

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Employee Signature      Date

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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.