

# Simplified Accident Waiver Form (Employee)

This Accident Waiver and Release of Liability is completed by an employee of [Company Name]. Please fill all applicable information.

Employee Full Name

Department

Date of Incident

Location of Incident

Brief Description of Incident

Nature of Injury (if any)

Medical Attention Received

## WAIVER AND RELEASE

By signing below, I hereby waive, release, and discharge [Company Name] and its representatives from any and all claims for injuries, damages, or losses that may arise as a result of the incident described above. I affirm that I have read and fully understand this waiver and accept all risks associated with the incident.

Employee Signature

Sign here

Date

## IMPORTANT NOTES

- This form should be read and completed voluntarily by the employee involved.
- It does not replace formal accident or incident reporting procedures.
- Signing does not prevent the employee from seeking medical care.
- Always consult the company's HR or legal department for questions.

- Form should be securely stored with confidential employee records.