

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.