

Standard Employee Accident Waiver

This Employee Accident Waiver ("Waiver") is executed by the undersigned employee as a part of company compliance measures regarding health and safety. By signing below, the employee acknowledges and agrees to the following terms and conditions.

Personal Information

Employee Name: _____

Employee ID: _____

Department: _____

Date: _____

Accident Waiver Statement

I, the undersigned employee, acknowledge that I am aware of and understand the potential risks that may arise while performing my duties as an employee of the company.

I hereby voluntarily assume all such risks and agree that the Company, its affiliates, employees, officers, and representatives shall not be held liable for any personal injury, accident, loss, or damages incurred during company-sponsored activities or in the course of performing my employment obligations, except where such loss or damage is the direct result of proven negligence or willful misconduct by the Company.

I understand that this waiver is intended to be as broad and inclusive as permitted by applicable laws and regulations.

Acknowledgement

By signing this document, I confirm that I have read and fully understood its contents, and that I sign it freely and voluntarily without any inducement.

Signature: _____

Date: _____

Important Notes

- This document does not override statutory employee rights under applicable labor or health and safety laws.
- Employees are encouraged to read the waiver carefully and seek clarification before signing.
- Waivers may not be enforceable in cases of employer negligence or unlawful conduct.
- Consult HR or legal counsel if unsure about any provision of this document.