

Temporary Employee Accident Waiver

Name of Temporary Employee:

Date of Birth:

Assignment Work Location:

Assignment Start Date:

Assignment End Date:

Accident Waiver and Release of Liability

I, the undersigned, acknowledge that during the course of my temporary employment at the above location, I may be exposed to certain risks of injury or accident. In consideration for being permitted to participate in this assignment, I hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of, or related to, my participation.

I hereby release, waive, discharge, and covenant not to sue the company, its officers, employees, and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while engaged in such assignment.

Employee Signature:

Date:

Supervisor/Manager Signature:

Date:

Important Notes

- This waiver does not absolve the company from gross negligence or willful misconduct.
- Read and understand all terms before signing; seek legal advice if needed.
- Keep a signed copy of this document for your personal records.
- Report all accidents or injuries immediately, regardless of severity.
- Ensure all information provided is complete and accurate.