

# Accident Waiver Form Sample for Company Employees

An **accident waiver form sample** for company employees is a crucial document that helps outline the terms of liability and responsibility in case of workplace injuries. It ensures both the employer and employees are informed about the risks and legal protections involved. Using this form can streamline incident management and promote a safer work environment.

## Sample Accident Waiver and Release of Liability Form

Employee Information

Full Name:

Department:

Date:

Accident Waiver and Release

I, the undersigned, acknowledge that I am employed by *[Company Name]* and understand that participation in company activities may expose me to the risk of personal injury, illness, property damage, or loss.

I hereby waive, release, and discharge *[Company Name]*, its managers, officers, employees, and agents from any and all liability, claims, demands, actions, and causes of action for any personal injury, property damage, or loss arising from my participation in any workplace activity or while on company premises.

I acknowledge that I have read and understood this Accident Waiver and Release of Liability Form and sign it voluntarily as my own free act and deed.

Employee Acknowledgment

☐ I have read and agree to the terms stated above.

Employee Signature:

Date:

Submit