



Liability Waiver Form for Employee

[Employee Name]:

[Employee ID]:

[Department]:

[Date]:

I, [Employee Name], understand and acknowledge that my employment involves potential risks and hazards which may result in personal injury or property damage. I agree to waive and release the company, its agents, employees, and officers from any and all claims, demands, damages, rights of action, or causes of action, present or future, arising out of or connected with my employment, including any injuries that may be sustained by me.

- I have read and understand this waiver and release.

Signature: _____

Date: _____