

Employee Injury Waiver Form

Employee Details

Full Name: _____

Job Title: _____

Employee ID: _____

Contact Information: _____

Injury Details

Date of Injury: _____

Location of Injury: _____

Description of Injury: _____

Waiver of Liability

I acknowledge that I voluntarily assume all risks associated with this injury and release [Company Name] from any liability related to the incident.

I confirm that this waiver is entered into willingly and without coercion.

Medical Disclaimer

I understand that this waiver does not affect my rights to seek medical assistance under [Company Name]'s insurance or workers' compensation policies.

Agreement

By signing below, I confirm my understanding and agreement to the terms stated in this waiver.

Employee Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____