

# Employee Party Waiver Form

## Employee Information

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Event Details

Event Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

## Acknowledgment of Risks

I understand that participation in the event is voluntary and may involve risks. I agree to take full responsibility for my actions and safety during the event.

I acknowledge and accept the potential risks associated with this event.

## Medical Emergency Clause

In case of an emergency, I authorize event organizers to seek medical attention on my behalf if I am unable to do so.

I consent to emergency medical treatment if necessary.

## Waiver Agreement

By signing below, I waive any liability against [Company Name] for any injuries or damages incurred during the event.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_