

# Employee Waiver Form Online

## Employee Details

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

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

Email Address: \_\_\_\_\_

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

## Purpose of Waiver

- Participation in Event
- Waiving Insurance Benefits
- Releasing Liability
- Other: \_\_\_\_\_

## Terms and Conditions

By signing this waiver, I agree to release [Company Name] from all claims, liabilities, and damages arising from my participation or actions.

- I have read and understood the terms of this waiver.

## Electronic Signature Clause

By typing my name below, I acknowledge this as my electronic signature.

**Employee Signature (Type Full Name):**

\_\_\_\_\_

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

## Confirmation

An electronic copy of this waiver will be sent to the provided email address for your records.