

Workers Compensation Waiver Form

Employee Information

Full Name: _____

Address: _____

Phone: _____

Job Title: _____

Employer: _____

Waiver Agreement

- ☐ I acknowledge that I am waiving my rights to file a workers' compensation claim under specific circumstances as outlined in state laws.
- ☐ I understand that this waiver does not impact my right to file a claim for any future work-related injuries.
- ☐ I voluntarily sign this waiver with full understanding.

Reason for Waiver

- ☐ Independent Contractor
- ☐ Volunteer Work
- ☐ Executive Exemption
- ☐ Other: _____

Employee Declaration

I confirm that I have read and understood this agreement.

Employee Signature: _____

Date: ____ / ____ / ____

Employer Representative Signature: _____

Date: ____ / ____ / ____