

# Employee Workplace Safety Waiver Form

Employee Full Name

Position/Title

Department

Date

## Waiver and Acknowledgement

I acknowledge that I have received and understand the workplace safety guidelines provided by the company. I agree to comply with all safety protocols and understand the risks associated with my role. By signing this form, I hereby waive the company of liability for injuries incurred due to non-compliance with safety regulations as outlined in the company policies.

Employee Signature

Sign here

Date

Additional Notes (optional)