

# **Employee Worksite Risk Acknowledgment Waiver**

This document acknowledges that the undersigned Employee is aware of, understands, and voluntarily assumes the risks associated with their presence and work duties at the designated worksite.

I understand that despite reasonable precautions, there may be risks, hazards, and dangers that exist in the workplace, which may result in injury, illness, loss, or damage. I acknowledge responsibility for exercising appropriate caution and compliance with all company policies and safety procedures while at the worksite.

I hereby release and discharge the Company, its officers, employees, and agents from any and all liability for injuries, damages, or losses that may result from my presence at or participation in activities at the worksite, except for those caused by gross negligence or willful misconduct.

I confirm that I have read and understood this waiver, and I voluntarily sign this document as a condition of my employment-related activities at the worksite.

**Employee Name:**

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**Employee Signature:**

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**Date:**

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