

Workplace Release of Liability Form

This Release of Liability (â€œReleaseâ€) is executed on this

Date

, by

Employee Name

(â€œEmployeeâ€), in favor of

Company Name

(â€œCompanyâ€), its directors, officers, employees, and agents.

1. Description of Activity/Event:

Describe the activity or event

2. Acknowledgement of Risk

I understand that participation in the above activity may involve certain risks, including but not limited to injury, illness, or loss. I voluntarily assume all such risks.

3. Release and Waiver

I hereby release and hold harmless the Company from all liability, claims, demands, actions, or causes of action, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me as a result of participating in the above activity.

4. Medical Treatment

I understand and agree that the Company does not assume any responsibility for medical care. I authorize emergency medical treatment if necessary.

5. Governing Law

This Release shall be governed by the laws of

State/Country

.

Employee Signature

Date

Company Representative (if applicable)

Date

By signing above, I acknowledge that I have read, understand, and agree to the terms of this Release of Liability.

