

Workplace Safety Training Waiver

I, the undersigned, acknowledge that I have voluntarily chosen to participate in workplace safety training provided by [Company Name]. I understand the nature of the training and acknowledge that participation may involve certain inherent risks.

ASSUMPTION OF RISK

I acknowledge and agree that it is my responsibility to follow all safety instructions and guidelines provided during the training. I assume full responsibility for any injuries or damages that may occur as a result of my participation, except to the extent caused by the negligence of [Company Name] or its representatives.

WAIVER AND RELEASE

In consideration of being permitted to participate in this workplace safety training, I hereby waive, release, and discharge [Company Name], its representatives, affiliates, and employees from any and all claims, liabilities, or causes of action which may result from my participation, to the fullest extent permitted by law.

ACKNOWLEDGEMENT

I certify that I have read and fully understand this waiver and release. I am 18 years of age or older, and I sign this document voluntarily. If I am under 18, a parent or legal guardian must also sign.

Participantâ€™s Name (Print):

Participantâ€™s Signature:

Date:

If under 18: Parent/Guardian Name (Print):

Parent/Guardian Signature:

Date: