

Release of Liability for Workplace Accident

This Release of Liability (the "Release") is executed on this ____ day of _____, 20____, by _____ ("Employee"), in favor of _____ ("Company"), its directors, officers, employees, and agents.

In consideration of the opportunity to continue employment and/or receive compensation or other benefits, the Employee, for himself/herself and his/her heirs, executors, administrators, and assigns, hereby releases, discharges, and holds harmless the Company from any and all claims, demands, actions, liabilities, or causes of action whatsoever, whether known or unknown, arising out of any injury, accident, or incident which occurred at or in connection with the workplace on or about _____ (date of accident).

The Employee understands and acknowledges that this Release is intended to be a complete and unconditional release of any and all liability as permitted by law.

The Employee further states that he/she has read this Release, understands its terms, and signs it voluntarily.

Employee Signature: _____

Date: _____

Company Representative: _____

Date: _____