

Employee Indemnity Agreement Form for Workplace Safety

Employee Name

Employee ID

Department

Position

Agreement

I hereby acknowledge and agree to comply with all workplace safety rules, guidelines, and policies established by the employer. I also acknowledge my responsibility to report any unsafe practices or conditions immediately and to participate in appropriate safety trainings.

By signing this agreement, I agree to indemnify and hold harmless the employer from any liability, claims, or damages that may arise out of my failure to comply with established workplace safety protocols, except where prohibited by law or where injury is a result of employer negligence.

Additional Comments (optional)

Employee Signature

Date

Employer/Supervisor Signature

Date