

Employee Incentive Trip Liability Waiver

I, the undersigned employee, acknowledge that I have voluntarily elected to participate in the Employee Incentive Trip ("Trip") sponsored by the Company.

Release of Liability

I understand that participation in the Trip is voluntary and may involve travel, physical activities, and risks of injury or losses. In consideration of being allowed to participate, I hereby release, waive, and hold harmless the Company, its affiliates, officers, directors, and employees from any and all claims, liabilities, expenses, or damages arising from or in connection with my participation in the Trip.

Assumption of Risk

I acknowledge and assume all risks associated with travel, activities, and events during the Trip, including injury, illness, loss, or property damage, whether caused by negligence or otherwise.

Medical Authorization

In the event of an emergency, I authorize the Company to secure medical treatment as deemed necessary. I agree to be responsible for any costs incurred.

Personal Information

Employee Name

Department

Trip Destination

Date

Emergency Contact

Name

Phone Number

Relationship

Employee Signature

Date