

Corporate Business Travel Waiver Form

Instructions: This waiver must be completed, printed, and signed by the traveling employee and their immediate supervisor prior to the commencement of any business-related travel. Please fill out all fields using a computer before printing.

1. Employee Information

Employee Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Job Title:	<input type="text"/>	Department:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>

2. Travel Details

Destination (City, Country):	<input type="text"/>	Purpose of Travel:	<input type="text"/>
Departure Date (MM/DD/YYYY):	<input type="text"/>	Return Date (MM/DD/YYYY):	<input type="text"/>
Primary Airline / Transport:	<input type="text"/>	Accommodation / Hotel:	<input type="text"/>

3. Emergency Contact Information

Emergency Contact Name:	<input type="text"/>
Relationship to Employee:	<input type="text"/>
Emergency Phone Number:	<input type="text"/>

4. Terms, Acknowledgment, and Waiver of Liability

Please read the following terms carefully before signing:

- I acknowledge that my participation in this corporate travel is voluntary and undertaken in connection with my employment responsibilities.
- I am aware of the potential risks associated with travel, including but not limited to health risks, safety hazards, transportation delays, and property damage or loss.
- I agree to comply with all corporate travel policies, safety guidelines, and local laws of the destination country/state during my trip.
- I confirm that I possess valid identification, passports, visas, and any necessary health vaccinations required for this travel.
- I hereby release and hold harmless the Company, its directors, officers, and employees from any liability, claims, or demands arising out of personal injury, sickness, or property damage sustained during this business travel, except where caused by gross negligence of the Company.

5. Signatures and Dates

By signing below, the parties agree to the terms and conditions outlined in this waiver form.

Employee Printed Name:	<input type="text"/>	
Employee Signature:	<input type="text" value="Sign here after printing"/>	Date (MM/DD/YYYY): <input type="text"/>
Authorized Supervisor Printed Name:	<input type="text"/>	
Authorized Supervisor Signature:	<input type="text" value="Sign here after printing"/>	Date (MM/DD/YYYY): <input type="text"/>