

**This form is to be used if the awarded vendor is a sole proprietor and rejects the State's requirement of Workers Compensation.**

**Contact Risk Management for assistance at (775) 687-1750.**



in the performance of this Contract. \_\_\_\_\_

6. I acknowledge that by signing this waiver I am not eligible for any workers' compensation or occupational disease benefits that I may be otherwise eligible, in the performance of this Contract. I acknowledge that should I incur any industrial injury or occupational disease in the performance of this Contract that I will be responsible for any costs, including medical, disability and rehabilitation benefits that I may incur. \_\_\_\_\_

7. Prior to executing this affidavit, I have had a full and fair opportunity to answer any questions I may have had regarding industrial insurance or occupational disease benefits and liabilities under Nevada law, including the opportunity to consult with counsel of my choice, and this Waiver is made with full knowledge of any liabilities that may incur. \_\_\_\_\_

8. I have read the provisions of NRS Chapters 616A to 616D, inclusive, and NRS Chapter 617 and I am otherwise in compliance with the terms, conditions and provisions thereof. \_\_\_\_\_

9. I, \_\_\_\_\_, do hereby swear under penalty of perjury that the assertions of this affidavit are true. \_\_\_\_\_

\_\_\_\_\_  
NAME

SUBSCRIBED and SWORN to before me

by \_\_\_\_\_

this \_\_\_\_ day of \_\_\_\_\_ 2014.

\_\_\_\_\_  
Notary Public, in and for said  
County and State