

**AFFIDAVIT OF REJECTION OF COVERAGE
FOR WORKERS' COMPENSATION
UNDER NRS 616B.627 AND NRS 617.210**

STATE OF NEVADA)

_____ COUNTY) ss.

I, _____, do solemnly swear and attest to the following,
pursuant to NRS.616B.627 and NRS 617.210:

1. I am a sole proprietor who will not use the services of any employees in the performance of this Contract with the Nevada System of Higher Education.
2. In accordance with the provisions of NRS 616B.659, I have not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS, relating thereto.
3. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS.
4. In accordance with the provisions of NRS 617.225, I have not elected to be included in the terms, conditions, and provisions of chapter 617 of the NRS.
5. I am otherwise in compliance with the term, conditions, and provisions of chapter 617 of the NRS.
6. I acknowledge that the Nevada System of Higher Education will not be considered my employer or the employer of my employees, if any; and that the Nevada System of Higher Education is not liable as a principal contractor to me or my employees, if any; for any compensation or other damages as a result of an industrial injury or occupational disease incurred in the performance of this Contract.

I do hereby voluntarily affirm under penalty of perjury that the assertions of this affidavit are true and correct.

_____NAME

SIGNED and SWORN to before me this day of _____

By

NOTARY PUBLIC