

**AFFIDAVIT OF REJECTION OF COVERAGE
FOR WORKERS' COMPENSATION
UNDER NRS 616B.624 AND NRS 617.207**

STATE OF NEVADA

)
) ss.
COUNTY)

, being first duly sworn, deposes and states:

- 1. I make the following assertions pursuant to NRS 616B.624 and NRS 617.207
- 2. I am an officer or manager of a quasi-public or non-profit corporation, a private corporation or limited liability company who does not receive pay for services performed as an officer, manager or employee of the corporation or company; or

Please check if the above statement applies

- 3. I am a paid officer or manager of a corporation or company that I own. I will not use any employees in the performance of this Contract with the Nevada System of Higher Education.

Please check if the above statement applies

- 4. In accordance with the provisions of NRS 616B.624 and NRS 617.207, I have not elected to be included in the terms, conditions and provisions of chapters 616A to 616D and 617 of the NRS.
- 5. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D and 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.

7. Further affiant sayeth not.

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

NAME

SIGNED and SWORN to before me this day of _____,

By

NOTARY PUBLIC