

Independent Contractor Waiver of Workers' Compensation Coverage

I, _____, am a/an:

Independent contractor with no employees and no sub-contractors.

I am not an employee of Amston Lake District for purposes of the Workers' Compensation Act; therefore, I am not entitled to workers' compensation benefits under its policy coverage. I waive any and all rights to file any claims against Amston Lake District in the event an accident should occur while I am performing work on its premises for the period of May 1, 2021 until April 30, 2022.

Signature: _____ Date: _____

Print Name: _____

Home/Business Address:

Lake Address:

(if applicable)

Email address: _____

Phone: _____