

**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, 20\_\_ until April 30, 20\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home/Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lake Address:

(if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address:

\_\_\_\_\_

Phone

\_\_\_\_\_