

**COUNTY of GENESEE**  
**CERTIFICATION OF INDEPENDENT CONTRACTOR STATUS AND**  
**SOLE PROPRIETOR WORKERS' COMPENSATION RELEASE FORM**

I, \_\_\_\_\_, have reviewed the rules and regulations referenced in the State of Michigan Department of Labor and Economic Growth Workers Compensation Agency General Information Regarding Rights and Responsibilities under the Act, publication WC-PUB 002 (05/07), and in compliance with these rules and regulations, hold myself out as an independent contractor.

As an independent Contractor performing work and/or services for the County of Genesee, I am not an employee of the County of Genesee and I acknowledge that I am a Sole Proprietor business and will not employ any person(s) in the work to be performed for the County of Genesee under this contract. The work / services I will be performing is as follows:

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I have reviewed the requirements of the Workers' Disability Compensation Act, and as a Sole Proprietor with no employees; I further acknowledge that I am not subject to the Workers' Disability Compensation Act of the State of Michigan.

In consideration of being awarded this contract/work, I agree to give up any and all claims against the County and to hold harmless the County of Genesee from any and all injuries or illness that I may sustain during the course or as a result of this contract/work.

I hereby agree to notify the County of Genesee in writing prior to hiring any person(s), full time or part time, to assist in this contract and to secure workers' compensation insurance prior to any person beginning work or assisting in the performance of work under this contract or otherwise become subject to the Workers' Disability Compensation Act of Michigan.

\_\_\_\_\_  
Signature (contractor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (other than relative)

\_\_\_\_\_  
Date

1/14/2016