

**COUNTY OF GENESEE
WORKERS' COMPENSATION RELEASE FORM
FOR CORPORATIONS AND LIMITED LIABILITY COMPANIES**

I, _____, as an independent contractor performing work and/or services for the County of Genesee, acknowledge that I am the sole employee of _____, a corporation or limited liability company, registered in the State of _____, and will not employ any person(s) in the work to be performed for the County of Genesee under this contract for _____.

I am familiar with the requirements of the Workers' Disability Compensation Act, and as the sole employee of the above corporation or limited liability company, 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, 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 illnesses that I may sustain during the course or as result of this contract.

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