

**UNSWORN DECLARATION IN LIEU OF AFFIDAVIT
REJECTION OF COVERAGE FOR WORKERS' COMPENSATION
UNDER NRS 616B AND NRS 617**

_____, declares that:

I make the following assertions pursuant to NRS 616B.624 and NRS 617.207, or pursuant to NRS 616B.627 and NRS 617.210, as applicable.

Please check the applicable statement:

_____ *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*

_____ *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 the contract with the Nevada System of Higher Education.*

_____ *I am a sole proprietor who will not use the services of any employees in the performance of the contract with the Nevada System of Higher Education.*

In accordance with the provisions of NRS 616B.624 and NRS 617.207, or NRS 616B.659 and NRS 617.225, I have not elected to be included in the terms, conditions, and provisions of chapters 616A to 616D and 617 of the NRS.

I am otherwise in compliance with the term, conditions, and provisions of chapters 616A to 616D and 617 of the NRS.

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.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

SIGNATURE: _____

PRINT NAME: _____

NOTARY PUBLIC: _____