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**AFFIDAVIT OF REJECTION OF COVERAGE**
**FOR WORKERS' COMPENSATION**
**INDIVIDUAL/SOLE PROPRIETOR**
**UNDER NRS 616B.627 and NRS 617.210**

STATE OF NEVADA )
) ss.
_____ COUNTY )

_____, (print declarant's name)

1. I make the following assertions pursuant to NRS 616B.627 and NRS 617.210.

2. I am a sole proprietor who will not use the services of any employees in the performance of this Contract with the Nevada System of Higher Education.

3. In accordance with the provisions of NRS 616B.659, I have not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS, relating thereto.

4. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS.

5. In accordance with the provisions of NRS 617.225, I have not elected to be included within the terms, conditions and provisions of chapter 617 of NRS.

6. I am otherwise in compliance with the terms, conditions and provisions of chapter 617 of NRS.

7. I acknowledge that the Nevada System of Higher Education will not be considered to be 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.

8. Further affiant sayeth not.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.
Executed on (date):_____ Signature:_____

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