

Santa Clarita Community College District ("District")

Request for Waiver ("Request")

Workers' Compensation Insurance Requirement

Business:

Legal Name: _____ ("Business")

Address: _____

Entity Type (Check One):

_____ Sole Proprietor

_____ Limited Liability Company

_____ Business Trust

_____ Corporation

_____ Limited Partnership

_____ Other: _____

Declaration:

With respect to the above-mentioned Business, I hereby certify that the Business does not employ anyone in a manner that is subject to the workers' compensation laws of California (See Business and Professions Code Section 7125). I am personally responsible for any injuries/illnesses I may sustain in connection with the use of the District's facilities.

The relationship of the Business and the District is that of independent contractors. Nothing in this Request shall be construed to create any agency or employment relationship between the Business and the District. Neither Party shall have any right, power or authority to assume, create or incur any expense, liability or obligation, express or implied, on behalf of the other. Business understands and agrees that he/she/it and all of his/her/its employees shall not be considered officers, employees or agents of the District, and are not entitled to benefits of any kind or nature normally provided employees of the District and/or to which District's employees are normally entitled, including, but not limited to, Worker's Compensation. Business assumes the full responsibility his/her acts and/or liabilities including those of his/her employees or agents as they relate to the facilities to be provided under this Agreement. Business agrees to defend, indemnify and hold the District harmless from and against any and all liability arising from any failure or alleged failure of Business to provide workers compensation insurance or any failure or alleged failure to comply with any laws or regulations.

I certify under penalty of perjury under the laws of the State of California that the information provided on this Request is true and accurate. I therefore request that the Santa Clarita Community College District waive its requirement for evidence of Workers' Compensation insurance in connection with the use of facilities.

Signature: _____ Date: _____

Print Name: _____

Title: _____