



**OAKLAND COUNTY
SOLE PROPRIETOR WORKER’S COMPENSATION RELEASE FORM**

I, _____, as an independent Contractor performing work and/or services for Oakland County, acknowledge that I am a sole proprietor business and will not employ any person(s) in the work to be performed for Oakland County under this contract.

I am familiar with 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, I agree to give up any and all claims against the County and to hold harmless Oakland County for any and all injuries or illnesses that I may sustain during the course or as a result of this contract.

I hereby agree to notify Oakland County 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