



**Workers' Compensation Insurance Requirement
Request for Waiver and Waiver of Claims**

Organization Name:	
Entity Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LP/LLC <input type="checkbox"/> Company <input type="checkbox"/> Non-Profit, enter type _____ <input type="checkbox"/> Other, _____
Address:	
Contact Person: Telephone:	
Nature of business conducted on District premises:	
Will any work be performed on District Premises involving employees paid by entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration:

1. With respect to the above-mentioned entity, I hereby warrant that organization has no employees; only uncompensated officers and directors. I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above mentioned organization. If applicable should organization employ individuals who perform work on District premises, then I agree to comply with the code requirements and all other applicable laws and regulations regarding Workers' Compensation, payroll taxes, FICA and tax withholding and similar employment issues. I further agree to hold the **Foothill – De Anza Community College District ("District")** harmless from loss or liability which may arise from the failure of organization to comply with any such laws or regulations. I therefore request that the **District** waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced business conducted on District premises.
2. Acknowledging that organization does not have Workers' Compensation coverage, I agree not to bring any claims against the **District**, which claims concern any injury, death or disability that potentially would have been covered by Workers' Compensation, including any work-related injuries which arise out of or are in any way connected with the performance of organization obligations under the contract, and including any claims that could be covered by the **District's** Workers' Compensation coverage. I also agree to defend, hold harmless and indemnify the **District** for any such claims. I on behalf of organization knowingly execute this document. I understand and acknowledge that this waiver is binding on organization.

Authorized Signature of Organization:

Signature: _____

_____ Date

Print Name: _____

_____ Title: