

Workers' Compensation Liability Waiver

Date: [Insert Date]

Contractor Name: [Insert Name/Business Name]

Address: [Insert Address]

Project/Service: [Insert Brief Description of Work]

I, [Insert Contractor Name], acting as an independent artisan contractor, hereby acknowledge and agree to the following:

1. I am an independent contractor and not an employee of [Insert Client/Company Name].
2. I understand that I am not entitled to workers' compensation benefits from [Insert Client/Company Name] for any injuries or illnesses sustained while performing services under our agreement.
3. I affirm that I maintain my own business and/or appropriate insurance coverage as required by law.
4. I hereby waive and release [Insert Client/Company Name] from any and all liability, claims, or demands for medical expenses, lost wages, or disability benefits resulting from work-related injuries.
5. I agree to indemnify and hold harmless [Insert Client/Company Name] against any claims brought by me or my representatives regarding workers' compensation coverage.

By signing below, I certify that I have read this waiver and understand that I am assuming all risks associated with my work as an independent contractor.

Contractor Signature: _____

Printed Name: [Insert Printed Name]

Date Signed: _____

Client Signature: _____

Title: [Insert Title]

Date Signed: _____