

CITY OF COCONUT CREEK
RELEASE OF ANY AND ALL WORKERS' COMPENSATION CLAIMS

*Powers of Attorney
FL
32127*

Ronald R. Schultz, whose address is 4650 Timber Valley Dr. D204,
as an Independent Contractor for the City of Coconut Creek performing specific contractual services, to wit: Redistricting Advisor, hereby agree that I, Ronald R. Schultz, am an independent contractor and **not** an employee of the City of Coconut Creek.

Furthermore, I swear or affirm that I have health insurance coverage for myself and I will utilize my own benefits to cover any medical expenses that I incur as a result of the activity performed on the City of Coconut Creek's property. I hereby agree that I am not entitled to workers' compensation benefits through the City, and I waive any and all rights or claims that I may have related to any injury sustained by me that arises out of the activity performed on the City of Coconut Creek's property pursuant to the Agreement for same dated _____.

I, Ronald R. Schultz, certify the accuracy of the above representations, made of my own free will, and that I am of sound mind and body to make such representations.

WITNESSES:

David Stover
DAVID STOVER
(Print Name)
Grant Hall
Grant Hall
(Print Name)

Ronald R. Schultz
(Signature)
RONALD R SCHULTZ
(Print)
June 19, 2018
(Date)

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 201__, by _____. He/She is personally known to me/or has produced _____ (type of identification) as identification and did (did not) take an oath.

Signature of Notary Public

(Print, Type, or Stamp of Notary Public)