

My commission expires: 127



Richard C Cooke	am an independent contractor, with
(Name of Contractor)	. ,
no employees, no casual laborers, and no sub-contractor	rs, subcontracted to perform work for
Do'lt Right Construction, and Home Depot Ir	nc.
(Name of Employer)	
am not an employee of	tion, and Home Depot Inc. for workers'
(Name of En	aployer)
compensation purposes, and therefore, I am not entitle	d to workers' compensation benefits under their
policy coverage. I waive any and all rights to file any o	claims against said employer in the event an accident
should occur while I am performing work on their pres	mises and at any customers work sites for the period
of 06/01/2024 until 05/31/202	25
Signed: (Signature of Contractor)	Date: 6-4-2024
Print Name: KICHARD C. COOKE	_
Address: 3 HILLAVE City	COKEBURE State P4 Zip Code: 15324
Subscribed and Sworn to before me this:	Commonwealth of Pennsylvania - Notary Seal Crystal Stimpson, Notary Public Washington County My commission expires April 27, 2026 Commission number 1332614 Member, Pennsylvania Association of Notaries

Do'It Right Construction "We Do'It Right or We Won't Do'It!"



Donovan Ealy		am an independe	ent contractor, with	
(Name of Co	ntractor)			
no employees, no casual la	borers, and no sub-contractor	rs, subcontracted to	perform work for	
Do'lt Right Cons	struction, and Home Depot Ir	ic.		
(N	ame of Employer)			
I am not an employee of _	Do'lt Right Construc	and the second s	pot Inc.	for workers'
	(Name of En	nployer)		
compensation purposes, ar	nd therefore, I am not entitle	d to workers' comp	ensation benefits und	der their
policy coverage. I waive a	ny and all rights to file any o	claims against said o	employer in the even	t an accident
should occur while I am p	erforming work on their pre-	mises and at any cu	stomers work sites for	or the period
of 6-1-74	until 6 - 1-2	<u>5</u>		
Signed: Down	M GUY ignature of Contractor)	Date:	6-4-24	
Print Name: Donove	in EALY	_		
Address: 37 STR	sen Ave City	: VAn vool	PHis State: PA Zip	Code: 15366
Subscribed and Sworn to b	pefore me this:	(SEAL) Commonwealth of Penns	cvivania - Netary Seal	
Day of De Chapter Standard of Nota	20 <u>24</u> ry Public)	Crystal Stimpson Washingtor My commission expi Commission nun Member, Pennsylvania A	, Notary Public n County res April 27, 2026 nber 1332614	
My commission expires:	April 272021	Q		

Do'It Right Construction "We Do'It Right or We Won't Do'It!"



Tristan Courson	am an independent contractor, v	with
(Name of Contractor)		
no employees, no casual laborers, and no sub-con	ntractors, subcontracted to perform work t	^c or
Do'lt Right Construction, and Home D	epot Inc.	
(Name of Employer)		
i am not an employee of	onstruction, and Home Depot Inc.	for workers'
(Na	me of Employer)	
compensation purposes, and therefore, I am not	entitled to workers' compensation benefit	ts under their
policy coverage. I waive any and all rights to fil	le any claims against said employer in the	event an accident
should occur while I am performing work on the	eir premises and at any customers work s	ites for the period
of $6-1-24$ until $6-1$	-25	
Signed: (Signature of Contractor)	Date: 6-4-2	4
Print Name: Tristan N Courson)	
Address: 135 & Wylic	City: Washington State: PA	Zip Code: <u>/5301</u>
Subscribed and Sworn to before me this:	(SEAL)	a
1 Day of Ine 2024	Commonwealth of Pennsylvania - Notary Seal Crystal Stimpson, Notary Public	
(Signature of Notary Public)	Washington County My commission expires April 27, 2026 Commission number 1332614 Member, Pennsylvania Association of Notaries	
My commission expires:	lo	





Justin Salin	am an independent contractor, with
(Name of Contractor)	1
no employees, no casual laborers, and no sub-	-contractors, subcontracted to perform work for
Do'lt Right Construction, and Hom	ne Depot Inc.
(Name of Employer)	
I am not an employee ofDo'lt Righ	t Construction, and Home Depot Inc. for workers'
(Name	(Name of Employer)
compensation purposes, and therefore, I am	not entitled to workers' compensation benefits under their
policy coverage. I waive any and all rights to	o file any claims against said employer in the event an accident
should occur while I am performing work or	n their premises and at any customers work sites for the period
of until	05/31/2025
Signed: (Signature of Contractor) Print Name: S S S S S S S S S S S S S	·-/
Address: 135 Wylie	City: Wesh inglus State: [Zip Code: 1530]
Subscribed and Sworn to before me this:	(SEAL)
H Day of June 2024	Commonwealth of Pennsylvania - Notary Seal Crystal Stimpson, Notary Public
(Signature of Notary Public)	Washington County My commission expires April 27, 2026 Commission number 1332614 Member, Pennsylvania Association of Notaries
My commission expires: Poci 27 20	060