

OKLAHOMA STATE FAIR

2024 “Family of Five or Fewer” Exempt Statement

- We, the undersigned, do hereby certify that we are operating under the “family of five or fewer act,” and are voluntarily excluding ourselves from the Workers’ Compensation Act of Oklahoma.
- We also certify that there are five or fewer working for this business.
- We are all related by blood or marriage and there are no employees, contract labor or sub-contractors working for our company.
- We, the undersigned, understand by making this statement we are not entitled to receive workers’ compensation benefits from the company we are working for.
- We certify that if the State of residence our business resides in requires proof of exemption or an affidavit for waiving Workers Compensation, that we can provide that documentation upon request or if audited by the state.

| Name (please print) | Relation | Date of Birth or SSN # |
|---------------------|----------|------------------------|
| 1 | SELF | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

** For the purpose of identification of the individuals listed above, in the event of a state audit, please provide either the Date of Birth or Social Security Number of the participants that fall under this exemption. It is your responsibility to follow the State of Oklahoma Worker’s Compensation laws as well as your state’s laws while attending this event. Any violation of those laws that result in fines, penalties or prosecution are your sole responsibility.

SIGNED BY EXHIBITOR:

Contracted Company Name: _____
(Company name must match name on contract.)

Signature of Owner/Authorized Agent: _____

Printed Name and Title: _____ Date: _____

NOTE: If you hire non-related employees, you are no longer eligible to operate under the “family of five or fewer act” and MUST obtain workers’ compensation coverage.

Oklahoma State Fair, Inc.

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