



UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE STANDARD DESIGN AGREEMENT 2015-2017: DANCE

*This Agreement must be signed by all parties in triplicate.
Send all 3 copies to USA 829 for approval, along with separate checks for Pension and Welfare.
The Designer will not furnish any designs until the Agreement has been executed by the Union.*

AGREEMENT is made, for the services of the designer named, pursuant to the terms and conditions set forth in the **United Scenic Artists, Local USA 829, Standard Design Agreement: Dance (2015-2017)** covering the employment of Scenic, Costume, Lighting, Sound and Projection Designers, and each provision shall be a part of this agreement as though set forth herein at length. Additional terms may be placed in a Rider attached to this agreement and shall be deemed part hereof. This agreement is limited to the production listed below. It is not precedential, or citable, in any proceeding other than one to enforce this agreement, and does not bind or obligate the Employer in any way, beyond the scope of this project. This agreement does not constitute the recognition by the employer of the United Scenic Artists, Local USA 829, I.A.T.S.E., for the purposes of collective bargaining.

PROJECT SHALL COMMENCE ON OR ABOUT: _____ **& SHALL TERMINATE W/ PRESS OPENING ON:** _____

RATES: Agreement is subject to the Rates of Compensation set forth in the **SDA Dance Rates—2015-2017**.

DESIGN CATEGORY: SCENIC COSTUME LIGHTING SOUND PROJECTION ASSISTANT

BALLET / PRODUCTION COMPANY: _____

NAME OF DESIGNER OR ASSISTANT: _____

NAME OF PRODUCTION: _____

NAME OF THEATRE: _____ **NUMBER OF SEATS:** _____

SCOPE OF THE PRODUCTION - place an X in the appropriate box(es) and/or fill in blanks as necessary:

SCENERY OR PROJECTION DESIGN: NUMBER OF SETS: _____ OR UNIT SET WITH _____ PHASES
COSTUME DESIGN: NUMBER OF COSTUMES: _____ NUMBER OF REPEATS: _____
LIGHTING DESIGN: FULL LENGTH BALLET OVER 1/3rd OF AN EVENING 1/3rd OF AN EVENING UNDER 1/3rd OF AN EVENING
SOUND DESIGN: SIMPLE DESIGN COMPLEX DESIGN

DESIGNS ARE DUE: _____ **TECH PERIOD FROM:** _____ **TO:** _____ **1ST. PUBLIC PERF.:** _____ **CLOSING DATE:** _____

COMPENSATION — The Producer agrees to pay the Designer the following amounts, according to the listed Payment Schedule:

1 - Contract Fee \$ _____ **Payment Schedule for TOTAL Compensation:**
2 - Advance of AWC (if applicable) \$ _____ • 1/3 of TOTAL Payable on the Signing by the Designer of this Agreement
3 - TOTAL of 1 + 2 above \$ _____ • 1/3 of TOTAL Payable on the Date Designs and/or Specifications are Accepted
• 1/3 of TOTAL Payable on the Date of First Public Performance

ADDITIONAL WEEKLY COMPENSATION: DESIGNER WILL RECEIVE AN A.W.C. OF \$ _____ per week, starting with the date of the first public performance, to the Closing Date: _____ (Within a not-for-profit resident season, A.W.C. shall be paid for extension weeks beyond the Closing Date only.)

TRUST FUNDS: It is further understood that the Employer, in order to provide certain **Pension and Health benefits**, shall make a contribution of \$ _____ equivalent to **8%** of gross compensation to the **United Scenic Artists Pension Fund** and, for Health, a contribution of \$ _____ equivalent to **12%** of gross compensation to the **IATSE National Health & Welfare Funds**, and shall be bound by the Agreements and Declarations of Trust governing those Funds.
Separate checks for the full amounts should be attached to this document and sent directly to the appropriate Regional Office (see below).

BOSTON 292 NEWBURY ST., Box 380 BOSTON, MA 02115 401-369-0460	CHICAGO 111 N. WABASH AVE., STE. #2107 CHICAGO, IL 60602 312-857-0829	LOS ANGELES 6363 WILSHIRE BLVD., STE. 400 LOS ANGELES, CA 90048 323-965-0957	NEW YORK 29 WEST 38 TH ST., 15 TH FL. NEW YORK, NY 10018 212-581-0300	WASHINGTON DC 1444 CHURCH ST. NW, #401 WASHINGTON, DC 20005 202-986-1558
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INSURANCE: Employer will indemnify, defend, save and hold Designer, his or her agents, heirs, executors, administrators and assigns harmless from and against any and all liability, charges, costs, expense claims and/or other loss whatsoever, including reasonable attorney fees, which Designer may suffer by reason of the designs furnished hereunder. Employer agrees to carry comprehensive General Liability and Intellectual Property Insurance applicable to any claims that might arise due to any work performed under this Agreement.

DISPUTE: In the Event of any dispute arising between the parties, relating to this Agreement or work relating to it, the matter shall be submitted to Arbitration in accordance with Article XIV of the **Standard Designer's Agreement—Dance**. The Arbitrator's decision shall be final and binding.

ACCEPTED: by Producer

ACCEPTED: by Union

ACCEPTED: by Designer/Asst.

SIGN NAME _____
PRINT NAME _____
DATE _____
ADDRESS _____
PHONE _____
EMAIL _____

SIGN NAME _____
PRINT NAME _____
DATE _____
ADDRESS _____
IS A RIDER ATTACHED? YES NO
(Revision B - 2015-01-02)

SIGN NAME _____
PRINT NAME _____
DATE _____
ADDRESS _____
PHONE _____
EMAIL _____