## SAMPLE AGREEMENT TO PERFORM SERVICES AS INDEPENDENT CONTRACTOR

I hereby represent that I am trained and qualified to act as a Gymnastics Instructor.

I further represent and warrant that I perform this service for hire as  $\underline{\text{said instructor}}$ , although this is not necessarily my only occupation.

I will act as an independent contractor and not as an employee of Gymnastics Center. I understand that I am not covered by the Gymnastics Center's workers' compensation insurance policy and thereby accept the risks of any injuries while providing services to the Gymnastics Center. I hereby agree to act for a consideration of \$ TOTAL, as payment for	
The above stated consideration shall also be	payment for the following:
If fewer than persons register for the	e activity
<ul> <li>(a) the activity shall be canceled.</li> <li>(b) the instructor agrees to provide consideration of \$</li> </ul>	
Total consideration shall not exceed \$	perhour session.
In no event will the activity be conducted if fe	wer than persons register.
The activity shall be scheduled as follows: _	
Payment of the above consideration shall be made as follows:	
appointed boards, officers, agents, attorne expenses, or damages of any nature, including with the negligent or malicious actions by nagents, officers, employees, subcontractors,	hold harmless Gymnastics Center and its elected or ys and employees from any and all claims, liabilities, ng attorneys' fees arising out of, or in any way connected ne in the performance of this Agreement by myself, my or independent contractors hired by me. This indemnity is of whether any insurance policies are applicable.
This agreement will remain in effect from:(Date	e) TO
I understand that the Gymnastics Center ma paid a pro-rational amount for the service I ha	ly terminate this agreement at any time, and that I will be ave rendered up to the time of termination.
THIS CONTRACT MUST BE SIGNED AND I PRIOR TO THE START OF THE CONTRAC	RETURNED TO THE GYMNASTICS CENTER OFFICE IT SERVICE.
REIMBURSEMENT MAY BE WITHHELD FO EXECUTION OFTHIS CONTRACT.	OR ANY SERVICES PERFORMED PRIOR TO THE
Approved and Accepted:	
Ву:	
Gymnastics Center	Contractor's Signature
Fingerprint Form Processed on Date:	Address
_	City State Zip
	Telephone Number
SS#:	