

Area 4 Handbell Musicians of America Event Faculty/Conductor Agreement

This Agreement, made and entered into by and between the Area 4 Handbell Musicians of America, Inc., hereinafter referred to as "AREA 4" and _____, hereinafter referred to as "Clinician".

WITNESSETH WHEREAS AREA 4 desires the services of Clinician to conduct classes during {EVENT NAME}, taking place {EVENT DATES} hereinafter referred to as "Event"; and

WHEREAS, the Clinician is uniquely qualified to provide such services; and

WHEREAS, such services are professional and non-competitive in nature,

NOW; THEREFORE it is mutually agreed to as follows:

Section 1. Scope of Services

The Clinician agrees to the following:

- a. Clinician shall teach the following classes, at a time to be determined by AREA 4, during the Event:

Class Title:
Date(s):
Number of Class Sessions:
- b. Clinician shall provide AREA 4 with a class description for use in Event publicity and registration materials, on or before a date set forth by the Event chairperson.
- c. Clinician shall provide any class notes or other materials to be distributed to class participants to AREA 4 on or before a date set forth by the Event chairperson.

Section 2. Compensation and Method of Payment

a. Compensation

1. AREA 4 agrees to pay the Clinician \$xxx.xx (amount written out) honorarium for each class session completed as required under the terms of this agreement.
2. AREA 4 agrees to pay the Clinician up to \$xxx.xx (amount written out) towards reimbursement of travel expenses.
3. AREA 4 agrees to provide to the Clinician lodging at the Event hotel for the dates class sessions are required.
4. AREA 4 agrees to pay the Clinician up to \$xx.xx (amount written out) per day for the dates class session are required towards reimbursement of meal expenses for meals that are not already provided by the Event.

b. Method of Payment

1. Honorarium will be paid in the form of an AREA 4 check to the Clinician upon the completion of services as required under the terms of this agreement.
2. Reimbursable expenses will be paid in the form of an AREA 4 check within 15 days of the presentation to AREA 4 of valid receipts for such reimbursable expenses.
3. All requests for reimbursement must be received no later than 30 days following the close of the Event.

Section 3. Term

The term of this Agreement shall begin on the date of the execution of this Agreement, and shall end upon completion of all obligations contained herein.

Section 4. Termination

The Agreement may be terminated by AREA 4 at any time by giving thirty (30) days written notice to the Clinician.

Section 5. Hold Harmless

The Clinician shall protect and hold the Area 4 Handbell Musicians of America, Inc. its officers, directors, employees, subcontractors, and volunteers harmless from any and all loss, claims, expenses, actions, causes of action, cost damages, and obligations, financial and otherwise, arising from any and all acts of the Clinician that result in injuries to persons or damage to property. The Clinician is not an employee of the Area 4 Handbell Musicians of America, Inc. The Clinician is an independent contractor and shall be responsible for his/her own Workers' Compensation and the Workers' Compensation of his/her employees.

Section 6. Additional Terms and Conditions

If additional terms and conditions are attached hereto, and by this reference made a part hereof, any such additional terms and conditions in conflict with Sections One (1) through Five (5) above shall be void and unenforceable.

IN WITNESS THEREOF, Area 4 Handbell Musicians of America, Inc., and the Clinician agree to the terms, arrangements, and responsibilities as stated above.

Area 4 Handbell Musicians of America, Inc.

By: _____

Name: _____

Title: _____

Clinician

By: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

SSN: _____