

# RECREATION CENTER AGREEMENT AND UNDERSTANDING

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

This agreement is hereby entered into between the City of Broadview Heights, Ohio and the individual listed above. It is understood and agreed between the parties that the services to be provided to the City of Broadview Heights are provided by this individual as an independent contractor. It is further understood and agreed that the individual is not an employee of the City of Broadview Heights and that there is no employment relationship between the City of Broadview Heights and this individual. Further, the City of Broadview Heights will not provide worker's compensation benefits or any other employment-related benefits during the term of this agreement.

It is further understood and agreed that this individual waives any claim for employment-related benefits, and it is understood that this independent contractor will receive no PERS, social security, worker's compensation, or insurance benefits of any type or kind; and this individual hereby expressly covenants with the City of Broadview Heights that no such benefits are expected or claimed.

Further, the City of Broadview Heights will be held harmless by the independent contractor for any injuries, loss, or claims arising directly or indirectly from the activities of the independent contractor with or for the City of Broadview Heights.

The services provided by the independent contractor are as follows:

## **Basketball Referee 2020 season**

Compensation or payment of the independent contractor will be as follows:

\$24 per game for full court games with two officials

\$26 per game for half court game with one official

\$30 per game for full court game with one official

### **CITY OF BROADVIEW HEIGHTS**

Recreation Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Parks & Recreation Director: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor: \_\_\_\_\_ Date: \_\_\_\_\_

### **INDEPENDENT CONTRACTOR**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_