

TWIN FALLS PUBLIC SCHOOLS
SCHOOL DISTRICT NO. 411

201 MAIN AVE. WEST
TWIN FALLS, IDAHO 83301-6197
(208) 733-6900 FAX (208) 733-8474

INDEPENDENT CONTRACTOR AGREEMENT

Name of Independent Contractor: _____
Business Name (if any): _____
Address, City, State, Zip: _____
Contact Phone: _____ Cell: _____ Fax: _____

Please attach vendor application packet (if applicable) from website, Taxpayer identification and certification.

Description of project and/or work being performed: _____

Location: _____ Dates of service: _____

District Contact name: _____ Phone: _____

Are you working more than 5 days per year for the district? Y* N

Is licensing required for the type of services you will be providing? Y* N

Does the cost for work performed exceed over \$3,000 per year? Y* N

Will you have direct access to students without adult supervision? Y* N

Please attach current certificates of liability insurance with 1 million limits of liability and workers compensation with the Twin Falls School District, 201 Main Ave. W., Twin Falls, Idaho 83301 listed as an additional named insured. If this is not attached, please explain: _____ and, sign the Hold

Harmless Agreement. I understand that I may be responsible for any liability for workers compensation as determined by the Industrial Commission charged against the district and agree to pay these liabilities as billed. _____ Initial

INDEPENDENT CONTRACTOR: I agree that I am an independent contractor of the District and in no way an employee or agent. I am not entitled to worker compensation or any benefit of employment with the District. The District shall have no control over the performance by CONTRACTOR except to specify the time and place of performance, and the results to be achieved. The District has no responsibility for security or protection of CONTRACTOR'S supplies or equipment. I agree to pay and be responsible for all taxes due from the compensation received under this application/agreement.

INDEMNIFICATION: Contractor agrees to indemnify, defend, and hold harmless the District, its officers, agents and employees, from and against any and all claims, losses, actions, or judgments for damages or injury to persons or property arising out of or in connection with the acts and/or any performances or activities of CONTRACTOR, CONTRACTOR'S agents, employees, or representatives under this application/agreement.

Printed Name and Title _____

Signature _____ Date _____

By signing this agreement, I understand and acknowledge that the District does not extend its liability to me or my company and I am not covered by insurance provided to the District and I have read and understand this waiver.

Principal/Coach/Teacher _____ Date _____

Approved ____ Y ____ N Signature _____ Date _____

Twin Falls School District Office Administrator Title _____

If not approved: Reason _____

Are the following certificates attached:

Liability? _____ Work. Comp.? _____ Vendor Application? _____ Hold Harmless? _____

The District will not be responsible to pay any invoices for work performed unless this agreement is signed and ALL information has been completed and attached with authorization and District approval prior to work performed.