INDEPENDENT CONTRACTOR AGREEMENT

This Independent Contractor Agreement ("Agreement") is entered into as of (Date), by and between:

CLIENT: Amador County Wine Heritage District 9313 Pacific Street PO BOX 667, Plymouth, CA 95669 209-245-6992	CONTRA	CONTRACTOR:			
	Full Name or Business Name Address				
				City	State
	Phone	Phone			
	 Email				
	coordinator):				
The Contractor shall determine the method, det shall have no right to, and shall not, control the Contractor's services.		-			
2. Term					
This Agreement shall begin on are by either party.	nd shall continue (until	or until terminated		
3. Compensation The Client agrees to pay the Contractor:					
• A flat fee of \$ or					
Hourly compensation at the rate of \$	hour				
Payments shall be made [weekly/biweekly/mon- # days of receipt of invoice.	thly/upon comple	tion], and payr	ment shall be due within		

4. Caterer Contractors - Health & Safety Compliance

This section applies to Contractors providing catering or on-site food and beverage services.

All Caterer Contractors must comply with state and local health regulations and are required to submit the following documentation no later than _____ days prior to the event:

- A completed Temporary Food Facility (TFF) Application as required by the local Environmental Health Department and/or facility
- A copy of the Contractor's current Health Permit
- The proposed menu for the event

Failure to submit all required documentation by the deadline may result in cancellation of participation and forfeiture of any fees paid.

5. Independent Contractor Status

Contractor is an independent contractor and not an employee of Client. Nothing in this Agreement shall be interpreted to establish an employer/employee relationship, partnership, joint venture, or agency. Contractors are responsible for their own taxes, insurance, and business operations. A completed IRS Form W-9 is required prior to services beginning.

6. Tools and Materials

The Contractor shall supply all equipment, tools, materials, and/or supplies used to provide the services under this Agreement unless otherwise agreed in writing.

7. Confidentiality

The Contractor agrees not to disclose or use any confidential or proprietary information belonging to the Client without the Client's prior written permission, both during and after the term of this Agreement.

8. Termination

Either party may terminate this Agreement at any time, with or without cause, by giving _____ days' written notice. In the event of termination, the Contractor shall be paid for all services performed up to the termination date.

9. Indemnification & Hold Harmless

The Contractor shall indemnify, defend, and hold harmless the Client, its agents, employees, and representatives from and against any and all claims, losses, damages, liabilities, and expenses, including reasonable attorney's fees, arising out of or in connection with:

- · Contractor's performance of services under this Agreement,
- Any injury to person or property sustained in connection with the Contractor's work,
- Any breach of this Agreement by the Contractor.

10. Liability Insurance

The Contractor agrees to maintain, at their own expense, general liability insurance with a minimum coverage of \$2,000,000 per occurrence, and \$2,000,000 aggregate, as well as workers' compensation insurance if the Contractor has employees. Proof of current insurance must be provided to the Client prior to commencement of services and upon renewal of policies.

• Failure to maintain appropriate insurance coverage shall be considered a material breach of this Agreement and grounds for immediate termination.

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11. Governing Law

This Agreement shall be governed by the laws of the State of California.

12. Entire Agreement

This Agreement contains the entire understanding of the parties and supersedes all prior oral or written agreements with respect to the subject matter hereof.

13. Severability

If any part of this Agreement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Submission Instructions

Certificate of Liability must be submitted to: Preferred Email: lsmith@risk-strategies.com Alternative US Mail: PO BOX 667, Plymouth, CA 95669	
TFF Packets must be submitted to:Preferred Email:	
Alternative US Mail: PO BOX 667, Plymouth, CA 95669	
Completed IRS Form W-9	
Preferred Email:	
Alternative US Mail: PO BOX 667, Plymouth, CA 95669	
CLIENT:	CONTRACTOR:
Signature:	Signature:
Printed Name:	Printed Name:
Title:	Title (if business):
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