

OFFICIAL INDEPENDENT CONTRACTOR AGREEMENT

THIS AGREEMENT is entered into by and between USA Volleyball (“USAV”) Pioneer Region

And **PRINT Name** _____

NOW, THEREFORE, in consideration of the mutual promises and covenants herein, the parties agree as follows:

1. **Independent Contractor Relationship.** Official will operate as an independent contractor and not as an employee of USAV/ Pioneer Region/Pioneer Region Clubs. Official and USAV/Pioneer Region/Pioneer Region Clubs operations are separate and distinct. Official is free to provide services to other persons, organizations and firms.
2. **Performance of Services.** Official shall perform services in a timely and professional manner. Official agrees to be subject to and to comply with all state and federal laws applicable to the performance of the Services. Official shall be responsible for any training, instruction and private equipment necessary to perform the Service. Official will be a USAV member with a clear USAV background screening.
3. **Benefits.** Official shall not, by virtue of this Agreement, be eligible for any benefits and/or benefit plans from USAV/Pioneer Region/Pioneer Region Clubs.
4. **Withholding and Contributions.** OFFICIAL IS SOLELY RESPONSIBLE TO PAY ALL FEDERAL AND STATE INCOME TAX DUE ON PAYMENTS MADE TO CONTRACTOR UNDER THIS AGREEMENT. USAV/PIONEER REGION SHALL HAVE NO RESPONSIBILITY FOR THE WITHHOLDING OR PAYMENT OF FEDERAL, STATE OR LOCAL TAXES, FOR WITHHOLDING OR CONTRIBUTIONS UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT (SOCIAL SECURITY), OR FOR THE CONTRIBUTIONS UNDER THE FEDERAL OR STATE UNEMPLOYMENT TAX LAWS ON BEHALF OF THE OFFICIAL ANY SUCH WITHHOLDING, PAYMENT, OR CONTRIBUTIONS SHALL BE THE SOLE RESPONSIBILITY OF THE OFFICIAL.
5. **Workers’ Compensation and Unemployment Insurance.** USAV/PIONEER REGION/ PIONEER REGION CLUBS SHALL PROVIDE NO WORKERS’ COMPENSATION OR UNEMPLOYMENT INSURANCE COVERAGE OR BENEFITS FOR OFFICIAL.

OFFICIAL:

Name: _____

Date: _____

Address: _____

/7/18/10