



# INDEPENDENT CONTRACTOR PROGRAM CONTRACT

P.O. Box 395  
Cutchogue, NY 11935  
631.734.6360

Title of Program:	
Date(s) of Program:	Time:
Name of Contractor:	
Mailing Address:	
Telephone:	Email:
Programmer Fee:	Check made payable to:
Material Fee (per patron):	Social Security # or Tax ID #:
Audience Limit:	Age Restrictions:
Program Description:	
Room Setup & Equipment Needed:	

- Include background information and photographs of yourself (or your group) and your program which can be used for publicity purposes.
- Include a sample for display.
- The Cutchogue New Suffolk Free Library requires that presentations be generic in nature and do not promote any specific product or service. Library policy does not permit contractors to solicit business from Library patrons. Contractors may respond to an individual patron's request for business information after the conclusion of the program.
- Independent contractors are not employees or co-agents of the Library. The contractor is solely responsible for the payment of any and all insurance and withholding taxes which may be required by law. The contractor indemnifies and holds harmless the Cutchogue New Suffolk Free Library from any and all costs and assessments including but not limited to workers compensation, FICA, unemployment insurance and other such taxes and assessments.
- The Library or its agents shall not be liable for any damage to the property of the contractor, nor from injury or damage to persons or property resulting from any cause. The Library is not responsible for any penalties, claims, costs and attorney fees incurred by the contractor with regard to the aforementioned liability.
- In the event of low registration, either the Library or the contractor may cancel without charge. Contractors will be paid subsequent to the approval of payment by the Library Board of Trustees at the first Trustee meeting following the conclusion of a program or series of programs.

If you have any questions regarding this booking, please call the Program Coordinator at 631.734.6360.  
Sign this document and return to the Program Coordinator prior to the program.

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_