

---

# DONATELLI

## Model/Casting Agency

156 Madison Avenue  
Reading, PA 19605-2962  
610-921-0777 FAX: 610-921-7177

---

### Independent Contractor Agreement Release

For and in consideration of my engagement as an Independent Contractor for **DONATELLI MODEL/CASTING AGENCY** (“**DONATELLI MODEL/CASTING AGENCY**”), I hereby release, discharge and agree to hold harmless its representatives, assigns, employees, or any person or corporation acting under its permission or authority, or any person or corporation for whom **DONATELLI MODEL/CASTING AGENCY** might my acting from and against any liability which any of them might incur as a result of anything which I might do or fail to do. I understand that **DONATELLI MODEL/CASTING AGENCY** assumes no responsibility for any medical expenses or other loss insurance and will not make a Workers’ compensation claim. I also agree that if I hire anyone other than as an Independent Contractor (as evidenced by and Independent Contractor’s agreement) I will obtain Workers’ Compensation Insurance on his or her behalf. As an **INDEPENDENT CONTRACTOR (SELF EMPLOYED PERSON)**

I Understand That I Have No Rights To File Unemployment Compensation Claims Via **The Donatelli Model / Casting Agency.**

**I hereby warrant that I am Eighteen years of age or Older and competent to contract in my own name.**

It is understood that I am an Independent Contractor and not an employee of **DONATELLI MODEL/CASTING AGENCY** and that shall have exclusive control over the means, method and details of fulfilling my obligations to **DONATELLI MODEL/CASTING AGENCY**. As an Independent Contractor, I know I’m responsibility for all Taxes, Federal, State, City and Social Security. I am also responsible for my own Public Liability and Workers’ Compensation Insurance.

With concern to **Promotional Events**, I understand and commit to complete all days of the designated assignment in full once accepted. In the event that I am unable to complete my commitment I **MUST** give a minimum of 120 hours (5 days) notice prior to the start of the assignment. If for any reason, I fail to provide such notice and do not meet my commitment through absence at the event, I understand and accept that **DONATELLI MODEL/CASTING AGENCY** will deduct a \$150 fee for each day that was missed from my compensation check for that assignment. I also understand and accept that I will receive NO compensation for any days of that promotion prior to the day of absence where no proper notification is given. Regarding lateness, if I arrive UP TO ONE (1) HOUR late to any promotional event that I have accepted, I understand that **DONATELLI MODEL/CASTING AGENCY** will deduct a \$50 fee from my compensation check for that assignment. However, in the event of being tardy MORE THAN ONE (1) HOUR, I will not be permitted to complete the assignment for the day and the above terms for unexcused absence from the event will apply (\$150 fee). It is understood that the only acceptable excuse for missing or arriving late to any accepted Promotion Event without the above mentioned 120-hour (5 day) notice, is with a written medical document explaining why I was unable to perform the duties as described in the job description for the Promotional Event in question. **ANY OTHER EXCUSES, including traffic/transportation issues, ARE NOT ACCEPTABLE EXCUSES and will require the appropriate fee to be deducted from my pay.**

**I have read the foregoing before affixing my signature below and warrant that I fully understand the contents thereof.**

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

**Print Full Name:** \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone (Hm#) \_\_\_\_\_ Cell#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number, State & #: \_\_\_\_\_

Witness Signature: \_\_\_\_\_