

---

# 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 over twenty-one (21) years of age 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.*

**It is understood that distribution of Tobacco or Alcohol product and/or other material relating to Tobacco and Alcohol products to persons under the age of Twenty-One (21) years is in violation of express instructions previously provided to me, and will result in my immediate termination. Under certain circumstances, I may be subject to punishment to the fullest extent allowable by law.**

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 **\$250 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 **\$100 fee from my compensation check for that assignment**. However, in the event of being tardy MORE THAN ONE (1) HOUR, I May or May not be permitted to complete the assignment for the day and the above terms for unexcused absence from the event will apply (\$250 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.**

The Aformentioned does not apply to Print & Film. In the case of Print & Film Model Agrees to PAY AGENCY FINES & ANY MONIES LOST or incurred by Agency & or Client Due to Model or Talent Absence.

**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: \_\_\_\_\_