

**PROGRAM CONTRACT**

This agreement made on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by and between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the Lincolnwood Public Library District (LPLD). The total compensation agreed upon is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is payable to (*Legal Name on W-9*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LPLD engages the Presenter/Entertainer to conduct the program identified below:**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Location: **Lincolnwood Public Library District, 4000 W. Pratt Ave., Lincolnwood, IL 60712**

Program Room: Roehri Room Grant Room Conference Room Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter/Entertainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance Due (*at event*): $\_\_\_\_\_\_\_\_\_ OR If multiple installments: Balance: $\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**LPLD shall provide:**

Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADDITIONAL TERMS AND CONDITIONS**

1. Presenter/Entertainer is an independent contractor and is not an employee of LPLD.
2. Commencement time(s) of the program(s) shall be strictly adhered to by both parties.
3. LPLD reserves the right to make in-house announcements and/or sponsorship announcements prior to and/or following the program.
4. Presenter/Entertainer shall provide LPLD at the time of the execution of this Agreement with detailed staging requirements including, but not limited to, minimum performance area dimensions, minimum ceiling height, sound system needs, electronic equipment requirement, etc.
5. At least three months prior to the program, Presenter/Entertainer shall provide LPLD with relevant marketing materials.
6. LPLD may use the Presenter/Entertainer’s name, picture, photographs, or likenesses in advertising and publicizing the program.
7. Presenter/Entertainer will inform LPLD as soon as possible if it becomes necessary to replace essential personnel for the program and LPLD reserves the right to cancel under such circumstances.
8. If the Presenter/Entertainer cancels the program, a full refund of any deposit will be mailed to LPLD within one week from date of the scheduled program. If it is possible, LPLD will try to work with the Presenter/Entertainer to reschedule the program.
9. Presenter/Entertainer must notify LPLD of program cancellation minimum of 30 days prior to date of the program.
10. Presenter/Entertainer participates at his/her own risk.
11. Presenter/Entertainer assumes all risk of damage or loss to his/her merchandise, personal property, and personal effects.
12. Presenter/Entertainer releases and discharges LPLD and its Trustees, Officers, Employees or Agents from any and all claims, causes of action, losses or other damage resulting from, arising out of, or relating in any way to his/her program.
13. Presenter/Entertainer shall indemnify LPLD and its Trustees, Officers, Employees or Agents and hold them harmless from losses, damages, or claims in connection with his/her program.

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Presenter/Entertainer Signature LPLD

Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return this form and completed Form W-9: Request for Taxpayer Identification Number and Certification via email to* [**elofquist@lincolnwoodlibrary.org**](mailto:elofquist@lincolnwoodlibrary.org) *or mail to:*

**Lincolnwood Public Library District**

**Attn: Emily Lofquist**

**4000 W. Pratt Ave.**

**Lincolnwood, IL 60712**

**FOR OFFICE USE ONLY**

Mail or Hold Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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