

INDEPENDENT CONTRACTOR REGISTRATION FORM

This Independent Contractor Agreement is made and entered into as of this ____ of _____, 20 ____, by and between NIAA and the following individual (Assessor)

Last Name	First Name	Initial	Social Security No.
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Home Address	City	State	Zip
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Home Telephone No.:	Work Telephone No.:
Cell Telephone No.:	E-Mail address:

Have you been convicted of a Felony Crime? Yes ____ No ____ ;

1. Assessor will serve as an independent contractor and not as an employee of NIAA with respect to any assignment.
2. This agreement is effective as of date signed by the Assessor and NIAA Representative
3. Assessor is not entitled to, nor will NIAA provide, any benefits including, but not limited to, health or life insurance, workers' compensation insurance, unemployment insurance, etc. Assessor is required to comply with standards of officiating equipment as set forth by the body governing NIAA.
4. Assessor whose compensation from NIAA exceeds minimal reporting amount as set by Federal Regulations will receive Form 1099-Misc. Assessor is obligated to pay all Federal income taxes and related withholdings and to file returns as appropriate. Assessor agrees to indemnify and hold harmless NIAA and its officers, directors, agents and assignors from any and all taxes, penalties, assessments, fines, premiums and similar liabilities if Assessor fails to comply with these obligations or is found by any governmental authority to be an employee rather than an independent contractor in performance of services for NIAA.
5. Assessor agrees to indemnify and forever hold NIAA and its officers, directors, agents and assignors harmless of any and all liabilities for injury or damages sustained as a result of any assignment as an Assessor at any contest assigned by NIAA, including without limitations, any and all claims for medical and/or hospital expenses, lost wages, property damage, disability, or death, however arising, while providing officiating services or for any other purpose while participating in, traveling to and from, or observing the games, competitions or events for which Assessor is providing services or being trained for purposes thereof.

ASSESSOR

Date

NIAA REPRESENTATIVE

Date

NIAA CARD: Yes ____ No ____

BELOW THIS LINE FOR NIAA USE ONLY (Revised Sept 2006)

Kit Paid: Yes ____ No ____

TOTAL Amt Paid \$ _____