

Author/Presenter Agreement
Millbrook Central School District

Date: _____

Author/Presenter Name (please print): _____

This contract is for services for (check all that apply):

☐ Elm Drive ☐ Alden Place ☐ Middle School ☐ High School ☐ Virtual Visit

School contact name: _____ E-mail address: _____

Date of Visit: _____ Time (include start and finish): _____

Grades and/or Classrooms: _____

Payment: The Millbrook Central School District (BOCES as agent of payment) agrees to pay as full compensation for the author/presenter services performed as stipulated in the Details above, the sum of \$_____. This sum shall be payable to the author/presenter after the visit by a check sent from Dutchess County BOCES. Check will be made payable to the author/presenter as named on the provided W-9.

Cancellation/Inability to Attend: If the author is unable to appear on the dates scheduled due to illness, or other unforeseen circumstance, the school shall have no obligation to make any payments but attempts will be made to re-schedule the visit at a mutually convenient future date. If the school must cancel the author/presenter's visit (due to weather or other unforeseen circumstance), the school agrees to re-schedule the visit at a mutually convenient future date.

Recordings: No recording shall be made by the school without the consent of the author/presenter.

Equipment Needed (check all that apply):

☐ Digital projector & screen ☐ Microphone ☐ Laptop ☐ Podium ☐ Chair ☐ Table

Other (include supplies, if needed): _____

I, as a contractor hired by the Millbrook Central School District (MCSD) and/or Dutchess BOCES, do hereby covenant and agree to release, indemnify, and hold harmless the MCSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of my visit to the MCSD.

This contract contains the full understanding between the parties and may only be modified in a written document signed by both parties. We agree to the terms set forth in this agreement.

Signature of Author/Presenter

Date

Signature of School District Representative

Date

****Please note that if the visit includes a therapy animal, proof of insurance, including an endorsement on the policy naming MCSD as additionally insured, is required along with training certificates for the animal.****