

**Agreement for Services Wittenberg University**

This agreement is made on this date \_\_\_\_\_ by and between Wittenberg University, Springfield, Ohio and \_\_\_\_\_ (**"CONTRACTOR"**).  
PRINT FULL NAME

Whereas, Wittenberg seeks to secure services; and

Now, therefore, in consideration of their mutual promises contained in this agreement, Wittenberg and **CONTRACTOR** agree as follows:

1. Wittenberg agrees to pay **CONTRACTOR** \$\_\_\_\_\_ per\_\_\_\_\_, after completion  
Amount of payment(s) (day, game, event, etc.)  
of engagement, for the following service(s) agreed to as documented below:

\_\_\_\_\_  
Detail of service(s)

- 2. **CONTRACTOR** agrees (a) that he/she is an independent contractor; (b) to fully comply with all federal, state, and local laws which may apply to this agreement; and (c) to follow all professional standards as it relates to conducting independent contract work for educational services.
- 3. **CONTRACTOR** is required to carry "voluntary workers' compensation insurance coverage" made available to sole proprietors through the Ohio Bureau of Workers' Compensation. Proof of coverage shall be provided to Wittenberg upon request within 10 days of request.
- 4. **CONTRACTOR** hereby agrees to defend, indemnify and hold Wittenberg harmless from and against any and all liabilities, accidents, injuries, demands, claims, losses, suits and expenses arising out of or related to the services performed by **CONTRACTOR** under this Agreement, whether suffered by **CONTRACTOR** or any third party.
- 4. This Agreement may be terminated with cause by Wittenberg without notice and without liability and by either Wittenberg or **CONTRACTOR** without cause upon five (5) days prior written notice to the other:
- 5. This Agreement may not be assigned by either party without the prior written consent of the other party.
- 6. The Laws of Ohio shall govern this Agreement. This Agreement shall neither be amended nor modified except in writing signed by **CONTRACTOR** and a duly authorized official of Wittenberg University

IN WITNESS WHEREOF, \_\_\_\_\_  
PRINT FULL NAME (Authorized Wittenberg Representative)  
and Wittenberg, by its duly authorized representative, have signed this Agreement.

**INDEPENDENT CONTRACTOR:**  
By: \_\_\_\_\_  
Contractor Signature  
Date: \_\_\_\_\_

**WITTENBERG UNIVERSITY:**  
By: \_\_\_\_\_  
Authorized Signature  
Date: \_\_\_\_\_

**Note: W9 must be on file in Accounts Payable or attached to this form. Contract will remain active for a maximum of 12 months. Additional contract must be completed for each type of service unless all inclusive of one agreed payment amount.**