

PERFORMER CONTRACT

THIS CONTRACT is for the personal services of musicians on the engagement described below, made this 12th day of August, 2014 between the undersigned Purchaser of Music (herein called "Purchaser") and musicians (therein called the "Band"). The musicians are engaged severally on the terms and conditions on the face hereof. The leader represents that the musicians ready designated have agreed to be bound by said terms and conditions. The musicians severally agree to render services under the undersigned leader.

1. **Name of Engagement:** A Special Labor Day Weekend Command Performance – Over There!

Name of Group: Over There! Command Performance **Band Leader/Event Contact:** Gary Ferris
Location of engagement: Congress Park War Memorial & walkway

2. **Date of engagement:** August 31, 2014 **Starting and finishing times:** 4:00 – 5:30 PM
Event is weather permitting; NO RAINDATE.

3. **Set up/Load In/Sound Check time:** 3:00 – 4:00 PM
Band will provide all production and lighting.

4. **TOTAL WAGE AGREED UPON:** Two Hundred Dollars (\$200.00) pending confirmation of funding. Pursuant to City Charter and Warrant procedures, check for full wage will be mailed after next Council meeting following date of services rendered, as long as proper paperwork has been filed with the City of Saratoga Springs.

5. **Purchaser will make payments as follows:** Check. Made Payable to: Gary Ferris

6. Band shall be responsible for its own personal property. City does not have the capacity to watch musical instruments. Band members have total care, custody and control of instruments in their possession in the performance of this contractual agreement.

7. Agreement of the Band to perform is subject to proven detention by sickness, strikes, adverse weather conditions, acts of God, or any other legitimate condition beyond it's control for which the Band will not be held responsible for any loss incurred by Purchaser as a result thereof. In the event a performance does not occur on the date of the agreement in question, no monies shall be paid to the Band.

8. No performance by the Band pursuant to the contract shall be recorded, reproduced or transmitted from the place of performance without written agreement from the Band.

9. Purchaser warrants that he or she is of legal age and has the right to enter into this contract.

10. Cancellation due to inclement weather will be determined by the Purchaser by 5:00 PM the date of performance.

11. Band shall provide the services and perform the work described herein as an Independent Contractor and not as an employee of the City. Band shall secure no rights as an employee under this agreement. Band shall provide a NYS Workers Compensation Approved Waiver.

12. Purchaser will provide extensive promotion of event. Please submit media kit with this agreement.

Purchaser's Name: Saratoga Springs Heritage Area Visitor Center

Signature of Purchaser: _____ **Date:** _____

(Mayor)

Street Address: 297 Broadway **City:** Saratoga Springs **State:** NY **Zip:** 12866

Phone/Fax: 518-587-3241 / 518-580-0980 – fax **Cell:** 518-683-0865 (Johnnie Roberts)

Leader's Name: Gary Ferris

Signature of Leader: _____ **Date:** 12 Aug. 2014

Street Address: 201 Glenn Street Apt. 2 **City:** Glens Falls **State:** NY **Zip:** 12810

Phone: 518-466-5433 **Cell:** 518-466-5433



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address): GARY FERRIS DBA: OVER THERE! 201 GLEN STREET GLENS FALLS, NY 12810 PHONE: 518-466-5433 FEIN: XXXXX7542	Business Applying For: OTHER: CERTIFICATE OF ATTESTATION OF EXEMPTION From: CITY OF SARATOGA SPRINGS
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

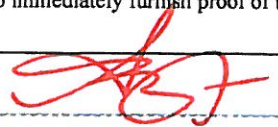
The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, GARY FERRIS, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: 	Date: <u>12 AUGUST 2014</u>
Exemption Certificate Number 2014-054170		Received August 12, 2014 NYS Workers' Compensation Board