



Performance Indemnity Agreement  
Battle of the Bands  
Friday, June 3, 2022 | 7-10:30pm

Entity Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

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

Description of Performance/Service: \_\_\_\_\_

**Band Representative or Parent/Legal Guardian Must Sign Below**

**RELEASE AND INDEMNITY AGREEMENT**

The undersigned, herein after referred to as PROVIDER, in consideration of PROVIDER's specified event/venue providing us with a time slot for performance/presentation, do hereby release the CITY of Boca Raton and any of their members, employees, directors or volunteers from any liability for the loss or damage of product, personal injury or property damage.

Further, PROVIDER acknowledges full responsibility for all my activities at the event, and for those assisting PROVIDER and PROVIDER agrees to defend, hold harmless and indemnify the City of Boca Raton for any damages, attorney's fees or costs of any legal action resulting from any claims in which they, their members, employees, agents or volunteers are made parties defendant. This Release and Indemnity Agreement applies for the duration of the event as scheduled and to any claims made within the applicable Statute of Limitations for a loss occurring during that time period.

PROVIDER acknowledges and agrees that the PROVIDER is an independent contractor and that the CITY is not paying Social Security benefits or any other benefits and is not withholding taxes from PROVIDER compensation for the Services. PROVIDER agrees to assume all liability and responsibility for payment of his/her own taxes and Social Security benefits with respect to compensation received pursuant to this Agreement.

PROVIDER is solely responsible, and agrees to hold the CITY harmless, for the reporting and payment of all pertinent federal, state and/or local self employment or income taxes, licensing fees, or any other taxes or assessments levied by any other governmental authorities on any earnings made as a result of PROVIDER's independent contractor relationship with the CITY.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_