

**AGREEMENT BETWEEN INDEPENDENT CONTRACTOR
AND PLANO SPORTS AUTHORITY, INC.**

This agreement is entered into between Plano Sports Authority, Inc. ("PSA") and an Independent Contractor (Official) whose name is set forth below. Contractor has requested to be assigned to perform services as an official for teams who participate in sports sponsored by PSA. Contractor may perform such services for others besides PSA. PSA shall pay Contractor in accordance with the current schedule of fees for PSA for such services. Contractor and/or scheduler of said contractor shall submit an invoice to PSA for services performed, and PSA shall pay Contractor when PSA receives and approves the invoice. This agreement shall terminate when Contractor fails to work during an entire January-December calendar year. The release of liability of Contractor and/or parent/guardian set forth below shall survive the termination of the Agreement.

Contractor retains the sole and exclusive right to control and direct the manner or means by which the services of Contractor are to be performed for PSA. All equipment and materials needed to perform services as an official shall be furnished by Contractor. Contractor will receive a Statement of Miscellaneous Income, Form 1099, as required by law and will pay any and all taxes owned on income earned from PSA.

Contractor is not covered by any type of insurance, nor is Contractor eligible for Unemployment, Insurance, Workman's Compensation or any benefits furnished to employees of PSA. Any insurance Contractor deems necessary shall be provided and paid for by Contractor.

HIRING CONTRACTOR'S (OFFICIAL'S) AFFIRMATION



Signature of Hiring Contractor—Federal Tax I.D. # 75-1387872

PLANO SPORTS AUTHORITY, INC.
6500 Preston Meadow, Plano, Texas 75024
Or fax to 972-208-3824

INDEPENDENT CONTRACTOR'S AFFIRMATION

Signature of Independent Contractor

Street Address, Apt. #

Please Indicate sport(s)

Printed Name of Independent Contractor

City & Zip Code

Officiating In Box Above
(i.e. Baseball, Basketball,

Social Security # Race _____ Black/White/Other _____ Home Phone # _____ Work Phone # _____ Date

**IF THE CONTRACTOR (OFFICIAL) IS UNDER THE AGE OF 18 AT THE TIME THIS CONTRACT IS
SIGNED A PARENT/GUARDIAN'S SIGNATURE IS REQUIRED BELOW.**

Parent/Guardian's Signature

Printed Name of Parent/Guardian

If you care to have Direct Deposit, the information below is required for such.

NAME (on account): _____

NAME OF BANK: _____

ACCOUNT #: _____ >>>> CHECKING _____ or SAVINGS _____ (Please check one.)

9 DIGIT ROUTING TRANSIT #: _____ (Usually the #'s on the bottom left of your check-
starting with a two digit number between "11" and "31" those numbers are the first two of your RTN.)

(Direct Deposit begins the second pay period. You will receive a check for the first pay period.)

REVERSE SIDE OF FORM MUST BE COMPLETED

ALL INDEPENDENT CONTRACTORS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK

(Last Name) (Maiden Name, if applicable) (First Name (Middle Initial)
(Month/Day/Year of Birth) (Driver's License #) (State)

Employer: _____

Education History: _____

Officiating History: _____

If so, what is the disposition of the case? _____ Yes/No

PSA REQUIRES BACKGROUND CHECKS ON ALL VOLUNTEERS/INDEPENDENT CONTRACTORS.

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION/WAIVER/INDEMNITY**

I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR THE PLANO SPORTS AUTHORITY, INC (PSA.), TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCY, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART TO DETERMINE MY ELIGIBILITY AS A CONTRACTOR FOR PLANO SPORTS AUTHORITY, INC. (PSA). I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN INDEPENDENT CONTRACTOR HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN INDEPENDENT CONTRACTOR, I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY PLANO SPORTS AUTHORITY, INC. (PSA) AND A PROCEDURE IS AVAILABLE IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND PLANO SPORTS AUTHORITY, INC. (PSA) AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, (INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF PLANO SPORTS AUTHORITY, INC. (PSA), AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME AN INDEPENDENT CONTRACTOR.

_____/_____
APPLICANT'S SIGNATURE DATE