

Independent Contractor/ Freelance Worker Agreement

Hiring Party: Family Life, PO Box 506, B	ath, NY 14810 Phone: 800-927-9083
Contact:	Contact email:
Freelance Worker Information:	
Name:	Business Name:
Address:	
Phone:	Email:
•	detail as possible, including preparations, revisions, expenses, or ees to pay the person above to perform the following itemized list
Compensation:	
Amount: As payment for the service	es provided, Family Life agrees to pay the following (check one):
\$ in total for service	es State Sta
Other:	

2.	Method: Family Life agrees to pay using the following methods: Check or EFT transfer If paying in installments, Family Life will pay Freelance Worker the following amounts on the dates listed: Amount due: \$ Date Due: Amount due: \$ Date Due: Amount due: \$ Date Due:		
	ditional Pay: In addition to the Freelance Worker's compensation, Family Life agrees to pay ditionally for the following (check all that apply/ detail): No Additional Pay Materials Travel Expenses Other/ detail:		
Ter	m: Start: The services will begin on, and Family Life will pay the Freelance Worker On or before: No later than 30 calendar days after the work is completed. Weekly Installment Payments, as outlined above		
3.	End: The services will end List of Services Due: The Freelance Worker will submit a list of services rendered within ten days of completion (if billing) so that Family Life may process the payment on time as agreed upon.		
	Prohibition Against Waiver: Unless otherwise provided by law, any provision of this agreement attempting to waive rights under the NYS General Business Law (Article 44-A) is void.		
	Prohibition Against Retaliation and Discrimination: Family Life will act under NYS General Business Law a will not interfere with Freelance Worker's rights and protections guaranteed under the law.		
	Violations: The Freelance Worker maintains the right to pursue action for NYS General Business Law violations.		
	Relationship Defined: Nothing in this Agreement shall indicate the Freelance Worker is a partner, agent, or employee of Family Life.		

Intellectual Property Rights: Freelance Worker agrees to transfer ownership of the work above to Family Life upon final payment. By making this transfer, Freelance Worker gives Family Life permission to use the final product as they see fit or as specifically outlined below:

Revisions: Family Life is entitled to (insert number) of revisions withinbusine	SS			
days after initial receipt of services. Freelance Worker will complete all requested revisions within				
business days, at which point the work will be considered complete and final. Such revision	าร			
are within the scope of work to be completed in the listed services above. Additional revisions are				
subject to additional compensation.				
Termination: Either party may terminate this Agreement without cause by giving the other party				
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Indemnification: The Freelance Worker shall indemnify and hold Family Life harmless from any loss or liability from performing the Services under this Agreement. Family Life shall indemnify and hold the Freelance Worker harmless from any loss or liability from performing the Services under this agreement.

Insurance Required. Both parties are required to have liability insurance and worker's compensation insurance following industry standards and state law. (Family Life requires, at minimum, a million-dollar general liability policy.) Both parties have a right to review such insurance policies before the commencement of services.

Other Business Activity. The Freelance Worker may engage in other business activities.

Assignment. Neither the Freelance Worker nor Family Life may assign this Agreement without the express written consent of the other party.

Other Agreements. The parties agree that there are no other agreements or understandings relating to this Agreement's subject matter. This Agreement supersedes all prior agreements, oral or written, between the parties and is intended as a complete and exclusive statement of the agreement between the parties. No change or modification of this Agreement shall be valid unless in writing and signed by the parties.

Legal Notice. All notices (required or permitted to be given) hereunder shall be in writing and may be delivered to the addresses listed above.

Governing Law. This Agreement shall be construed in accordance with and governed by the laws of New York.

Waiver. The waiver by either of the parties to this Agreement of any breach of any provision hereof by the other party shall not be construed as either a waiver of any succeeding breach of any such provision or a waiver of the provision itself.

Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which collectively shall constitute one and the same instrument. (Each party can sign separately, and even though the signatures may be on different papers, all the signatures together make one legally binding agreement.)

Late Payment: If Family Life fails to submit payment on time, the Freelance Worker may impose a maximum late fee of \$50 or 5% monthly, whichever is lower, with a 5-day grace period.

Limitation of Liability: Either party's liability under this Agreement is limited to the value of the contract. Family Life will not hold the Freelance Worker in breach for failure to complete work according to deadlines due to the Freelance Worker's need for care or rest for mental or physical illness, injury, health condition, or that of the Freelance Worker's family member. If the opportunity to complete work was limited to a specific time and place, Family Life's damages shall be limited to withholding the Freelance Worker's payment for the balance due for services under this Agreement that were not completed.

Confidential Information: Both parties will maintain confidentiality for any information designated as confidential and communicate it to each other as such.

Parties have indicated their acceptance of the terms of this Agreement by their signatures below:				
Freelance Worker's Signature:				
Print Name:	Date:	_		
Family Life Rep Signature:		_		
Print Name:	Date:	_		