



## Southeast Texas Suzuki Association Standard Clinician CONTRACT

This contract is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between the Southeast Texas Suzuki Association (herein called STXSA) and the undersigned provider of services (herein called Clinician) and includes the attached Addendum.

SERVICES: Clinician will provide the following services:

☐ Teaching ☐ Lecture/Workshop ☐ Performance ☐ Adjudication ☐ Accompanying

☐ Other \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVENT: The event is detailed as follows: See complete detailed schedule attached on separate page  
Name \_\_\_\_\_

Date \_\_\_\_\_ Start time \_\_\_\_\_ End Time \_\_\_\_\_

Location  
\_\_\_\_\_

Location address  
\_\_\_\_\_

Location phone \_\_\_\_\_ Contact person \_\_\_\_\_

Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPENSATION: STXSA agrees to provide payment as follows:

Rate \$ \_\_\_\_\_ per \_\_\_\_\_ x \_\_\_\_\_ Total: \$ \_\_\_\_\_

Hour/day/other \_\_\_\_\_ number of hours/days/other

Clinician is responsible for making all travel arrangements. Clinician will be reimbursed for the following expenses, not to exceed the amounts stated: (See attached expense addendum for details)

Expenses: Housing: \$ \_\_\_\_\_ Per diem/meals \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_ Local transportation \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

SPECIAL EQUIPMENT: STXSA agrees to provide or arrange for the following equipment for Clinician's use at the event location:

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The undersigned clinician accepts all terms and conditions specified on page two of this contract.

\_\_\_\_\_  
Clinician signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Clinician name

\_\_\_\_\_  
address

\_\_\_\_\_  
city state zip

\_\_\_\_\_  
phone (day) (eve)

\_\_\_\_\_  
cell

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
STXSA Representative phone

\_\_\_\_\_  
STXSA Representative signature Date

#### ADDENDUM

Services: Clinician agrees that he/she shall provide services exclusively to STXSA while in Houston for the Event. If Clinician wishes to provide services to other parties either prior to or after the Event, Clinician agrees that it shall provide written notice to STXSA of Clinician's engagement by another party at least 1 week prior to the Event. In such case, Clinician agrees that STXSA shall only be obligated to reimburse Clinician for (i) 60% of Clinician's travel expenses, and (ii) only those expenses for lodging, meals and expenses directly connected to the STXSA event.

Compensation: Payment terms: All compensation from STXSA will be paid by check, payable to the Clinician, as named on page 1 of this contract, upon the completion of Clinician's services, and/or the completion of the event. Clinician is responsible for making all travel arrangements, purchasing airline tickets or hotel reservations, etc. Expenses detailed on page 1 of this contract will be reimbursed at the completion of the event. A Clinician is only hired for a specific event date upon receipt by STXSA of Clinician's signed contract.

Correspondence: All required notices and other correspondence shall be mailed to:

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

Southeast Texas Suzuki Association

Address: \_\_\_\_\_

CSZ: \_\_\_\_\_

Equipment: STXSA is not liable for equipment and or facilities provided (pianos, facilities, etc.) not belonging to STXSA, or otherwise not in STXSA's control. Clinician shall be liable for injure or damage to all provided equipment and facilities caused by Clinician or Clinician's agents' negligence or intentional conduct. Clinician assumes all liability for any equipment and instruments provided by or belonging to Clinician. STXSA is not responsible for damaged, lost or stolen instruments or equipment belonging to or provided by Clinician. Specific facilities are subject to availability and STXSA reserves the right to substitute appropriate facilities of equal quality without prior approval from Clinician.

Dress and deportment: Clinicians are expected to dress and behave in an appropriate manner for children.

Recording: Any official audio or video recording of the event made by STXSA will be limited to STXSA library archival purposes and for distribution within STXSA to STXSA members. Recordings for sale, broadcast or mass distribution will not be made without express written consent of the clinician. STXSA is not responsible for any recordings made by parents or other event attendees.

Publicity and Photos: Any photos taken of the clinician in conjunction with the event may be used by STXSA for publicity purposes. STXSA reserves the right to reproduce photos from still cameras or video, in print or electronic media. Photos will not be sold without the consent of the clinician.

Clinician allows STXSA to use their name, bio, photo, comments, any photos taken at the event, event programs, etc. for STXSA publicity, in print or electronic media.

Cancellation by STXSA or Clinician: STXSA shall not be liable to any person or entity as a result of acts of God or nature, strikes, illness, or other causes beyond STXSA's control. STXSA may cancel any event at any time for any reason and STXSA shall only be liable to refund Clinician's expenses to the date of cancellation. If STXSA cancels the event without cause within 48 hours of the scheduled start time, STXSA will pay Clinician the compensation stated on page 1. Clinician releases STXSA from all claims, damages and injuries related to any event set forth in this contract, from STXSA's negligence and from any cancellation, except for compensation for timely and proper performance, or for cancellation as set forth in this paragraph. STXSA is not liable for any claim related to equipment and facilities, and in no event will STXSA be liable for any claim in excess to the compensation stated on page 1. If Clinician cancels or otherwise fails to appear and properly perform Clinician's duties hereunder, STXSA shall not be liable to pay Clinician any compensation or expense incurred by Clinician. Clinician is obligated to give STXSA prior written notice of cancellation or non-appearance.

Governing Law: Except as otherwise provided herein, this contract is governed by the laws of the State of Texas.

I understand and agree to comply by the above statements

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Clinician Signature

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Date

