

Statement of Independent Contractor

I, _____, hereby acknowledge by signing below, that I am an independent contractor and not an employee of Sports Endeavors, Inc., that I am not entitled to the benefits generally afforded employees of the Sports Endeavors, Inc.; nor am I eligible for workers compensation insurance coverage. Furthermore, I forever release, discharge and hold harmless Sports Endeavors, Inc., its properties, and its officers from any claims, charges, costs or expenses resulting from bodily injury or property damage sustained or incurred while performing services in connection with Sports Endeavors, Inc. programs or activities.

I will be responsible for any tax liabilities on the money that I receive from Sports Endeavors, Inc.

Signature of Independent Contractor

Date

Social Security Number

Signature of Parent/Guardian

Date

Received by (SEI staff)

Date