



Futures Explored Inc.
3547 Wilkinson Lane
Lafayette, CA 94549

925-284-3240
925-284-3291 fax
www.futures-explored.org

INDEPENDENT CONTRACTOR FORM

Name _____

Address _____

Phone _____

Email _____

Tax ID / SS # _____

WAIVER OF LIABILITY

I, _____, am operating as an Independent Contractor for Futures Explored, Inc. This does not create any employee/employer relationship, agency, joint venture, partnership, or any other kind of relationship between Futures Explored and myself other than an Independent Contractor relationship.

As an Independent Contractor, I understand and agree that I am responsible for securing my own liability insurance to protect myself against liability arising from injury or death during the course of the work performed. As an Independent Contractor, I understand that Futures Explored does not insure me individually or collectively.

I further understand and agree that it is my sole responsibility to secure and maintain life, health, and medical insurance or other financial resources to pay for any injury, illness, or death I may suffer while performing services under this agreement.

As an Independent Contractor, I shall hold harmless Futures Explored and their respective officers, directors, employees, and representatives from any and all liability, judgment, loss, damage, claim, cause or causes of action, debt, charge, cost, and expense (including attorney's fees) arising out of, connected with, or incidental to any action or failure to act by be under this agreement.

Signature

Date

Business Name

Program Contact Signature

Date