



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**