

# CITY OF LAKEWAY ACTIVITY CENTER INSTRUCTOR CONTRACT

I, \_\_\_\_\_ am hereby contracting with the City of Lakeway Activity Center to instruct \_\_\_\_\_ at (location) \_\_\_\_\_ on the following day(s) and times of the week: NOTE: The center will be closed on city holidays—New Years' Day, MLK Day, Presidents' Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas (2 days as scheduled). Please adjust schedule accordingly.

Monday	From: _____ ; _____ AM PM	To: _____ ; _____ AM PM
Tuesday	From: _____ ; _____ AM PM	To: _____ ; _____ AM PM
Wednesday	From: _____ ; _____ AM PM	To: _____ ; _____ AM PM
Thursday	From: _____ ; _____ AM PM	To: _____ ; _____ AM PM
Friday	From: _____ ; _____ AM PM	To: _____ ; _____ AM PM
Saturday	From: _____ ; _____ AM PM	To: _____ ; _____ AM PM
Sunday	From: _____ ; _____ AM PM	To: _____ ; _____ AM PM

### SESSION FORMAT

( \_\_\_\_\_ ) Weeks. Beginning \_\_\_\_\_ and ending \_\_\_\_\_  
For a fee of \$ \_\_\_\_\_ per Participant (additional fee will be collected by the LAC for non-members)

### MONTHLY FORMAT

Monthly (Please Circle)      JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC  
For a fee of \$ \_\_\_\_\_ per Participant / per month (additional fee will be collected by the LAC for non-members)

### WORKSHOP FORMAT

For a fee of \$ \_\_\_\_\_ per Participant (additional fee will be collected by the LAC for non-members)

THE MINIMUM NUMBER OF PARTICIPANTS IS TO BE:  
NO LESS THAN: \_\_\_\_\_ AND NO MORE THAN \_\_\_\_\_.

I am in agreement that the Lakeway Activity Center will receive (30%) of the total amount paid for this class, activity, or program to cover additional publicity and building use expenses, (70%) of this fee is to be paid to me at the end of the session, month, or meeting. \*The Lakeway Activity Center will retain 100% of the "Non-Member fee".

I also agree to abide by the following:

1. To present students and the Lakeway Activity Center Staff with lesson and teaching plans; which will include goals and objectives.
2. To provide the Lakeway Activity Center Staff with a personal bio and credentials prior to signing contract.
3. To inform the Lakeway Activity Center Staff at least two (2) days prior of any changes in day, time, fee, format, instructor, or other than what is stated.
4. To call IMMEDIATELY the Lakeway Activity Center Staff at (512) 261-1010 if I am going to be late, absent, and/or if the meeting needs to be RE-SCHEDULED due to inclement weather or other emergency.
5. Instructor will make up any meetings missed for any reason.
6. Program must start and end within five (5) minutes of scheduled times.
7. Students (participants) will make all checks out to the Lakeway Activity Center. A receipt will be issued for payment by staff and must be shown to instructor to participate.
8. It shall be the responsibility of the INSTRUCTOR to notify students (participants) if the meeting is to be re-scheduled due to instructor illness or absence.
9. It shall be the responsibility of the Activity Center Staff to notify students (participants) if the meeting is to be re-scheduled due to inclement weather. The instructor will also be notified due to same.
10. The Activity Center Staff shall have the right to CANCEL or RE-SCHEDULE the Class, Activity, or Program with agreement from the instructor - if the minimum number of students has not been met. If Class, Activity, or Program re-scheduling is necessary, a NEW contract must be completed.
11. ALL ADVERTISING AND PROMOTION MUST BE APPROVED BY THE LAKEWAY ACTIVITY CENTER. The center does not provide outside advertising for classes.

### SIGNATURES:

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

Lesson, teaching plans, bio, copy of valid driver's license and credentials attached.      Date \_\_\_\_\_

Class Name: _____		
Instructor Name:	Home Phone #:	
Mailing Address:	Bus. Phone #:	
	Cell Phone #:	
	E-Mail address:	
SS# or TAX ID#:	BIRTHDATE:	
Class Description		
Any special requirements: previous experience, clothing, equipment, extra fees, etc.		
Class Day:	Start Date:	End Date:
Class Time:		
Class Fee:	Class Minimum #:	Class Maximum #:
Room Set-up Requirements:		
Notes:		

I certify that I have made no misrepresentation in this proposal and I have not withheld information in my statements and answers to questions. I hereby authorize the City of Lakeway to investigate and verify any representations made by me, either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I understand this proposal is the property of the City of Lakeway and I am also aware that my proposal is subject to the Texas open records law and may be released as a public document.

Signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Have you lived outside of Texas within the last 10 years?    **Yes**    **No**    (please circle)