FIGHT DIRECTORS CANADA

Instructor Contract

(Engagers name) and the Contractor For the (Workshop)



Contractor Information

First and Last Name:

Contracted As: Instructor (Level, Disipline) (Level, Disipline)

1. Payment Schedule

Contractor will receive an honorarium of \$(amount) CAD on (Date).

Fees Determined:

(Level, Disipline) - \$(amount) CAD (Level, Disipline) - \$(amount) CAD

Payment will be done by cheque or etransfer. Details on how to address Cheques or e-transfer email can be sent to (Name and Contact Info)

We will be paying for weapons rentals through a share system. Once we have confirmed instructors and the weapons each will be providing, we will pass along info on those rates. Transportation costs for weapons will be covered under travel. Breakdown will be sent in another agreement.

2. Conduct and Expectations and Illness Protocols

Contractor is expected at all times to follow the Code of Conduct, Fight Directors Canada Policy and Procedures; Contractors are expected to have read, understood and signed ALL policies listed.

IT IS UNDERSTOOD THAT:

During the Workshop: (Date)

Contractors shall abide by all regulations and rules of the venue space. Due to the need to reduce the spread of illness, it is expected that all Contractors stay at home when feeling unwell (ex. Cold Flu Symptoms).

Code of Conduct and Expectations are being sent as a separate document. Please read and sign the attached code of conduct and anti-harassment policy as per Fight Directors Canada Policies and Procedures

3. Teacher needs and accommodations:
In order to assure our staff have a safe work/rest environment with minimal/no barriers we ask that you list any accommodations that you may need here: (please take more space to write as needed)
4. Likeness and Publishing
(Workshop) may record by photograph, videotape or audiotape, rehearsals, performances and events for general publicity and advertising purposes by the Company. Union agreements would be respected and adhered to.
5. Fight Directors Canada Contact Information
The Contractor shall contact the national coordinators in the event of an emergency that results in a need to miss any engagement dates.
Coordinator: (Name and Contact Info)
6. Emergency Contact Information for Contractor:
Contact Name & Phone Number:
Alternate Contact & Number:
The parties certify having read and agreed to this Agreement and any Addenda:
Contractor Signature:
Printed Name:Date:
Coodinator's Signature: