Student Club Agreement
(For internal Skidmore College Agreements)

NOTE: ALL Non-Skidmore Entertainers / Performance Artists must use the Standard Provider Agreement

This agreement for services is made this date: ______________________ , by and between ____________________________, (hereinafter referred to as (“Provider”) and ___________________________________________, Sponsoring Club of Skidmore College, (hereinafter referred to as “Sponsor”) and does hereby establish the following terms, rights, and liabilities for the parties involved in the execution of the contracted service. Internal Service Provider remains an independent contractor for SGA accounting purposes for the specific services indicated. All binding items are subject to the laws of the State of New York. All means of production must comply with existing Skidmore College policies and procedures as directed by Office of Leadership Activities or other duly authorized representatives of Skidmore College.

1. Date(s) of Service: ___________________________ Day(s) of Week: ___________________________

2. Nature and Description of Service to be Provided: ____________________________________________

3. Location of Service/Event: ____________________________

4. If service involves delivery of goods, complete the following:
   a. Delivery Deadline (date and time): ____________________________
   b. Delivery Location: ____________________________

5. Full Price Agreed Upon: ___________________________ * Payable by SGA check or Skidmore Payroll, immediately after service is completed if all agreement obligations have been fulfilled. W-9 may be required.

6. SGA Payment made to: ____________________________
   Address of payee (if different from address of agreement signatory): ____________________________

7. Provider agrees to provide all elements necessary for providing the agreed upon service. Any elements required to be provided by the Sponsor must be noted here :

8. “DAY OF” Phone Contact for Provider: Name: _______________________ Phone: _______________________
   Phone Contact for Sponsor (student): Name: _______________________ Phone: _______________________

THIS AGREEMENT IS NOT VALID WITH A STUDENT SIGNATURE ALONE! A professional staff member of Leadership Activities must authorize.

This agreement is witnessed and executed by the following duly authorized representatives:

Service Provider: ___________________________ Sponsor/ Club Name: ___________________________
Contact: ___________________________ Contact: ___________________________
Email: ___________________________ Position: ___________________________
Phone: ___________________________ Phone: ___________________________
Signature: ___________________________ Date: __________ Signature: ___________________________ Date: __________
Leadership Activities Representative: ___________________________ Date: __________