

## INDEPENDENT CONTRACTOR FORM

NAME:			
ADDRESS:			
PHONE:			
EMAIL:			
TAX ID:			
	WAIVER (	OF LIABILITY	
	nployer relationship, agenc	ndependent Contractor for Stiver Inc. T cy, joint venture, partnership, or any oth an as an Independent Contractor relat	er kind of
insurance to protect mysperformed. As an Independent or local income tax As a condition to entering employer identification in his/her compensation until further understand and	self against liability arising frendent Contractor, I unders as an independent contractor's rates related to Contractor's rate into this Agreement, Contractor shall not not this Agreement, as here agree that it is my sole restricted agree that it is my sole restricted.	gree that I am responsible for securing from injury or death during the course of stand that Stiver Inc does not insure motor, is responsible for reporting and pareceipt of payment from Stiver Inc for hot have any taxes or other deductions to shall find an employee of Stiver Inc.  Sponsibility to secure and maintain life, may for any injury, illness or death I may	of the work e individually or ying all federal, his/her services. htractor's federal aken from health and
occasioned by any of the weather; quarantine; fire	e following: an Act of God; e; strikes; lockouts; labor dis	damages, losses, or liabilities arising of Act of War; public enemies; governme sputes; civil commotions; torts of third by whether of the kind or nature hereinal	ent restrictions; parties; or any
employees and represer causes of action, debt, c	ntatives from any and all lia	es Stiver Inc and their respective officer ability, judgement, loss, damage, claim, including attorney's fees) arising out of me under this agreement.	, cause or
SIGNATURE:		DATE:	
BUSINESS NAME:			<del></del>