

Clinician Agreement  
(Washington)

Date of Equine Activity: \_\_\_\_\_

Name of Equine Activity: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Clinician Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinician Phone Number: \_\_\_\_\_

Clinician Email: \_\_\_\_\_

ODS Contact Person: \_\_\_\_\_

ODS Contact Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ODS Contact Phone Number: \_\_\_\_\_

ODS Contact Email: \_\_\_\_\_

Confirming our prior discussions and/or correspondence, this agreement confirms that

\_\_\_\_\_ (“Clinician”) is willing to provide instruction as a clinician at \_\_\_\_\_, which is an Equine Activity as defined by RCW 4.24.530 and is sponsored by Oregon Dressage Society, Inc, an Oregon Non-profit Corporation doing business in the State of Washington as ODS (“ODS”).

**Compensation:**

The agreed upon fee is (*choose applicable*) \$ \_\_\_\_\_ per day, \$ \_\_\_\_\_ per ride, or \$ \_\_\_\_\_ for a total number of \_\_\_\_\_ rides. The ‘per day’ rate is for eight hours of time per day, exclusive of lunch and breaks. Should you choose to leave early, or to work overtime, compensation may be altered accordingly if the parties mutually agree. If ODS adds additional rides and Clinician agrees, such rides will be at the rate of \$ \_\_\_\_\_ per additional ride. If you wish to arrange your own travel, ODS, must approve all costs and flight times in advance. Total compensation will be paid to you for your services, per diem (if any), and travel expenses at the conclusion of the Equine Event, so long as you have provided a fully executed IRS Form W-9 (Request for Taxpayer Identification Number and Certification), or unless other arrangements are made with ODS.

The following expenses will be paid by ODS:

1. Economy Airfare, if required, or if driving, Clinician will be reimbursed for the round trip at \$ \_\_\_\_\_ per mile (IRS Business rate).
2. Reimbursement for travel expenses to and from the airport, shuttle or mileage, and airport parking.
3. Hotel/Motel lodging for \_\_\_\_\_ nights, if required.
4. All meals while traveling and at the Equine Activity, or a meal per diem of \$ \_\_\_\_\_ per day.
5. Transportation from the airport to the hotel/motel and to the clinic location and return will be supplied by ODS or reimbursed to the Clinician.

**Cancellation:**

Should this Equine Activity be cancelled for any reason after this contract has been signed by both parties, ODS agrees to pay the Clinician as follows:

- a. If ODS cancels this contract 60 days or more prior to the competition, Clinician shall receive no

compensation other than expenses incurred, including, but not limited to, the change fee for airline ticket if purchased by Clinician.

- b. If ODS cancels less than 60 days prior to the agreed upon date of the Equine Activity, Clinician shall receive \$\_\_\_\_\_, plus expenses incurred, including but not limited to, the change fee for airline ticket purchased by Clinician.

**Insurance:**

Clinician must have current insurance in the amount of \$500,000 minimum and must provide a certificate of insurance naming ODS as an additional named insured within 30 days prior to the Clinic. In the event that Clinician fails to timely provide such certificate, the above cancellation schedule will not apply and Clinician will not be entitled to fees or expenses.

**Liability:**

ODS is an Equine Activity Sponsor as defined in RCW 4.24.530 and its liability is limited by Washington law. Clinician understands that all equidae can behave in dangerous ways that may result in injury to participants in Equine Activities.

**The parties agree that this agreement may be electronically signed. This document may be signed in one or more counterparts and each shall be deemed an original but all of which together shall constitute the whole document.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

**Oregon Dressage Society, Inc.**

**Clinician**

**By:** \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(name)

**Its:** \_\_\_\_\_  
(title)

\_\_\_\_\_  
(signature)

Instructions:

The Signature Lines require the signature from the contractor and the authorized signatory for ODS. The Signatory for ODS would generally include a board member including Chapter Presidents who are Ex Officio Board Members or someone properly delegated signing authority recorded in the minutes (i.e., from Chapter President to Chapter Secretary or designated show liaison.)

The line below the signature block labeled "its" means the title of the person acting on behalf of ODS. Examples include President, xxx Chapter, Event Manager, etc.