

INDEPENDENT CONTRACTOR AGREEMENT

(Note: This form must be completed and accurate or payment will not be made.)

THIS AGREEMENT is between the undersigned Independent Contractor and the DeKalb County School District for valuable consideration, the parties to this Agreement agree as follows:

- A. **SERVICES:** Independent Contractor agrees to render the following services (include name and dates for contracted services):
Game Truck Rental May 16, 2025
- B. **INTENT:** Independent Contractor is an independent contractor for all purposes, having the right to exercise independent judgment as to time, place, and manner of executing the work and services hereunder and of otherwise carrying out the provisions of this agreement and Independent Contractors is not subject to the control of DeKalb County School District except as set forth herein. Independent Contractor is not an employee of the DeKalb County School District for any purpose. Independent Contractor shall make the necessary federal, state, and local filings and returns as required by law at the appropriate times, including, but not limited to, federal, state, and local income tax (including estimates), Self-Employment Contribution Act, and any other filing or return, required by federal, state, or local government.
- C. **INDEMNIFICATION:** Independent contractor hereby agrees to indemnify and to hold DeKalb County School District harmless from any and all damages, costs (including attorney's fees) and claims arising out of Independent Contractor's performance of this Agreement.
- D. **COMPENSATION:** Independent Contractor shall be compensated for the services to be rendered under this Agreement as follows: (check the appropriate compensation plan and complete blanks)
- ☐ \$ 1,750 for full payment upon completion of above services.
- ☐ \$ _____ per hour; maximum hours are to be _____.
- ☒ If full payment is not due upon submission of this contract, check this box and attach a payment schedule.

TOTAL CONTRACTED AMOUNTTHIS AMOUNT INCLUDES ALL FEES, TRAVEL, OR OTHER EXPENSE \$ 1,750.00**DEKALB COUNTY SCHOOL DISTRICT
USE ONLY**_____
School/Department Name and Location Number_____
Print Name of Administrator

By: _____

Signature_____
Title_____
Date_____
Senior Staff Approval Signature_____
Superintendent Approval Signature**Charge Code**

FND	FN	OB	SO	PROJECT	LOC	PROG

FOR COMPLETION BY THE INDEPENDENT CONTRACTOR

The name and number stated below must appear exactly as approved by the Internal Revenue Service, and as shown on the IRS W-9 form submitted to DeKalb County School District.

SOCIAL SECURITY NUMBER

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EMPLOYER'S IDENTIFICATION NUMBER

9	3	--	3	4	1	1	5	1	5
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C4 MOBILE GAMING_____
Print Name of Independent Contractor/Company

BY: _____

Authorized Signature and Date**OWNER**_____
Title**990 Peachtree Industrial BLVD Suite 2491**_____
Street Address**Suwanee, GA, 30024**_____
City, State and Zip Code**678-756-8243**_____
Telephone**info@c4mobilegaming.com**_____
E-Mail Address☐ **CHECK IF INCORPORATED**