

# Tree of Life Interfaith Temple Program Presenter Contract

This is an agreement between \_\_\_\_\_, **Presenter**  
and the **Tree of Life Interfaith Temple**.

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number** (where you can be most readily contacted): \_\_\_\_\_

**Title of Program:** \_\_\_\_\_

**Presenter Proceeds:** 60% of the program proceeds is paid to the presenter and 40% goes to the Tree of Life Interfaith Temple.

**Location:** All classes are offered at the Tree of Life Interfaith Temple, 263 Union Square, Suite 1, Milford, NH 03055 unless otherwise specified.

**Presenter Arrival Time** (for your first class so you can receive a key for the room): \_\_\_\_\_

It is anticipated that the presenter will provide their own equipment and/or material(s).

By my signature below, I hereby agree to indemnify and hold harmless the Tree of Life Interfaith Temple from any and all loss, claim, injury, damage, or liability sustained or incurred by myself or participants of my program through use of the facilities or equipment of the Tree of Life Interfaith Temple.

I further agree and authorize the Tree of Life Interfaith Temple to publish my name, photo, and statement of qualifications together with all program information, which I have reviewed and is correct, on the Tree of Life Interfaith Temple website, newsletter, and in their marketing campaigns to promote this program. Participants will be directed to the Tree of Life Interfaith Temple website at [www.tolinterfaithtemple.org](http://www.tolinterfaithtemple.org) for registration and payment. Although the Tree of Life Interfaith Temple will do some marketing, I hereby acknowledge that it is primarily the presenter's responsibility to insure that the minimum number of participants are enrolled. The Tree of Life Interfaith Temple has the option to reschedule or cancel the program.

After the last class and upon receipt of the room key, presenters will receive payment for their portion of the proceeds.

Presenter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tree of Life Interfaith Temple Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Internal Use by the Tree of Life Interfaith Temple

Date Submitted: \_\_\_\_\_

Head Shot

Statement of Qualifications (75 word limit)

Certificate of Liability ( if applicable, sent via email) Date received: \_\_\_\_\_