



UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE PROJECT ONLY AGREEMENT 2021-2023: DESIGNER/ARTIST

*This Agreement must be signed by Employer and Designer/Assistant.
Send Cover Sheet and Rider, if any, to USA 829 for approval, along with separate checks for Pension and Welfare.
The Designer will not furnish any designs until the Agreement has been executed by the Union.*

AGREEMENT of Employment is made between **United Scenic Artists, Local USA 829** and:

THEATRE / PRODUCTION COMPANY: _____ **EIN:** _____

hereinafter referred to as the **Employer**, for the Production / Project known as:

NAME OF PRODUCTION / PROJECT: _____ **No In-Person Services**

TO BE PRESENTED AT (VENUE): _____ **NUMBER OF SEATS:** _____ **Yes, Covid-19 Rider/Safety Plan Attached**

This Agreement is limited to the Production / Project named above.

PROJECT SHALL COMMENCE ON OR ABOUT: _____ **& SHALL TERMINATE ON:** _____ (the date of the Press Opening, if applicable.) **It is not precedential or citable** in any proceeding other than to enforce this Agreement, and does not bind or obligate the Employer in any way beyond the scope of this Project.

DESIGN CATEGORY: SCENIC COSTUME LIGHTING SOUND PROJECTION ASSISTANT

NAME OF DESIGNER OR ASSISTANT: _____

DESIGNS ARE DUE: _____ **TECH PERIOD FROM:** _____ **TO:** _____ **CLOSING DATE:** _____

COMPENSATION: The Employer agrees to pay the Designer the following amounts, according to the listed Payment Schedule:

Design Fee:	\$ _____
Advance of AWC (if applicable):	\$ _____
Total:	\$ _____
Payment Schedule: 1/3 Due on Designer's Signing of Agreement; 1/3 Due on Acceptance of Designs; 1/3 Due on Opening Date.	

OR

<input type="checkbox"/> Weekly \$ _____ for _____	Total \$ _____
<input type="checkbox"/> Daily \$ _____ for _____	Total \$ _____
<input type="checkbox"/> Hourly \$ _____ for _____	Total \$ _____
Total: \$ _____	

ADDITIONAL WEEKLY COMPENSATION: DESIGNER WILL RECEIVE AN A.W.C. OF \$ _____ PER WEEK, BEGINNING: _____

TRUST FUNDS: It is further understood that the Employer, in order to provide certain **Pension and Health benefits**, shall make a contribution of _____ equivalent to _____ of gross compensation to the **United Scenic Artists Pension Fund** and, for Health, a contribution of _____ equivalent to _____ of gross compensation to the **IATSE National Benefit Funds**, and shall be bound by the Agreements and Declarations of Trust governing those Funds.

Separate checks for the full amounts should be attached to this document and sent to the Regional Union Office appropriate for the Employer's location.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL/EASTERN 29 West 38 th St., 15 th Floor New York, NY 10018 212-581-0300	NEW ENGLAND 292 Newbury St., Box 380 Boston, MA 02115 401-369-0460	MID-ATLANTIC 1444 Church St. NW, #401 Washington, DC 20005 917-408-6134	CENTRAL REGION 111 N. Wabash Ave., #2107 Chicago, IL 60602 312-857-0829	WESTERN REGION 6285 East Spring St., #108 Long Beach, CA 90808 323-965-0957

INSURANCE: Employer will indemnify, defend, save and hold Designer, their agents, heirs, executors, administrators and assigns harmless from and against any and all liability, charges, costs, expense claims and/or other loss whatsoever, including reasonable attorney fees, which Designer may suffer by reason of the designs furnished hereunder. Employer agrees to carry comprehensive General Liability Insurance applicable to any claims that might arise due to any work performed under this Agreement.

DISPUTE: In the event of any dispute arising between the parties, relating to this Agreement or work relating to it, the matter shall be submitted to Arbitration in any of the above-named cities, as may be appropriate, or in such other location as may be agreed between the parties hereto, in writing, prior to the execution of this Agreement. Said Arbitration shall be pursuant to the then-existing voluntary labor arbitration rules of the American Arbitration Association. The Arbitrator's decision shall be final and binding.

NO CONFLICT: This Project Only Agreement may not be used for any work covered by any United Scenic Artists Collectively Bargained Agreement.

RIDERS: Any rider or addendum mutually agreed to by the Employer and the Employee, and approved by the Union, shall be attached to and become part of this Agreement.

ACCEPTED: Employer

ACCEPTED: Union

ACCEPTED: Designer/Assistant

Signature _____ Signature _____ Signature _____

Print Name _____ Print Name _____ Print Name _____

Date _____ Date _____ Date _____

Address _____ Address _____

Phone _____ **IS A RIDER ATTACHED?** YES NO Phone _____

Email _____ Email _____