

LORAIN COUNTY COMMUNITY COLLEGE  
Office of Student Life  
STANDARD ENGAGEMENT AGREEMENT

The undersigned Artist(s) and Purchase agree to the following terms and conditions for the engagement herein described below:

Name under which ARTIST(S) operates \_\_\_\_\_

Name of Purchaser Lorain County Community College

Address 1005 North Abbe Road (Rt. 301), Elyria, OH 44035 Phone (440)366-4036

Date of Agreement \_\_\_\_\_

Sponsoring LCCC Organization \_\_\_\_\_

Representative (Name/Title) \_\_\_\_\_

Agreed price for engagement (paid by LCCC check) \$ \_\_\_\_\_

Performance Day and Date \_\_\_\_\_ Show Time \_\_\_\_\_

Performance Location \_\_\_\_\_ Length of Performance \_\_\_\_\_

Personnel Reports To: \_\_\_\_\_

If riders are to be a part of this agreement, indicate below:

\_\_\_\_\_ Purchaser \_\_\_\_\_ Artists \_\_\_\_\_ Agent

Additional agreement provisions: \_\_\_\_\_

Artists/Performer shall indemnify, save, and hold harmless the College, its trustees, officers, employees, insurers and agents against any and all liability, claims, costs, demands, actions, causes of action, expenses, attorney fees and suits of any kind and nature whatsoever for injury to or death of any person or persons and for loss or damage to any property (College or otherwise) occurring in connection with or in any incident to or arising out of the occupancy, use, service, operations, or performance of work in connection with this agreement, resulting in whole or in part from the intentional or negligent acts or omissions of Artist/Performer its employees, agents, invitees, or representatives. The Artist/Performer shall assume all risk and bear full responsibility for all loss for damage to its equipment or personal property, money operations or products and shall not penalize or seek compensation from LCCC for any losses incurred by it in any manner whatsoever.

Date \_\_\_\_\_ 200\_\_

ARTIST \_\_\_\_\_

Artists Address \_\_\_\_\_

Phone No \_\_\_\_\_ Fax \_\_\_\_\_

Security Number \_\_\_\_\_

Agreed by:

\_\_\_\_\_  
Artist or Authorized Signature

Date \_\_\_\_\_

\_\_\_\_\_  
LCCC Contact Person (Print name and title)

**1005 North Abbe Road, Elyria, OH 44035**

Phone No. **440-365-5222** Fax: **440-365-6519**  
email [www.lorainccc.edu](http://www.lorainccc.edu)

Agreed by:

\_\_\_\_\_  
David Cummins, Vice President  
Administrative Services/Treasurer

Date \_\_\_\_\_