

# Divers Training & Supply, Inc.

P.O. Box 11592 Charleston WV. 25339

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E-Mail: [DiverPRC@aol.com](mailto:DiverPRC@aol.com) Web: [www.dtsdiving.com](http://www.dtsdiving.com)

## Services Contract

This contract is entered into between **“Employer”** \_\_\_\_\_ and **Divers Training and Supply, Inc.** Divers Training and Supply will be providing these services through its owner and Instructor Peter R. Corbett and / or those working with him to assist in providing these services. All those who may be working with Divers Training & Supply, Inc. are working as “Independent Contractors” and may wish to negotiate their own fees outside of this Contract for any services they may personally render to the “Employer” named above and the person(s) named below.

This contract is entered into for the following services: \_\_\_\_\_.

The fees for these services are: **\$ 60.00 per person per hour with a minimum or one hour billed per contact occurrence scheduled regardless of cancellation or actual time spent.** This fees is exclusive of materials, supplies, equipment, and travel time and all applicable taxes. All services, materials, supplies, equipment and travel time will be billed and invoiced to the above named “Employer” with payment to be made at the conclusion of each contact occurrence or billed against a **retainer fee in the amount of \$** \_\_\_\_\_. The location and time for which these services will be provided may vary by mutual agreement of the parties named in this contract. They will include but are not limited to the following: Employer’s residence or designated location, Instructor’s residence or designated location, The SportMart, The University of Charleston, or \_\_\_\_\_.

All information forms, medical statement forms, and waiver forms must be filled out by each person covered by this services contract.

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**Employers’ Contact Information:** E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Name \_\_\_\_\_ Other Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext. \_\_\_\_\_ (Cell) \_\_\_\_\_

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This contract is entered into for the person (s) listed below:

1. \_\_\_\_\_ Birth Date: / / Accommodations requested: \_\_\_\_\_

2. \_\_\_\_\_ Birth Date: / / Accommodations requested: \_\_\_\_\_

3. \_\_\_\_\_ Birth Date: / / Accommodations requested: \_\_\_\_\_

4. \_\_\_\_\_ Birth Date: / / Accommodations requested: \_\_\_\_\_

/ /

Signature of “Employer”

/ /

Peter R. Corbett for Divers Training & Supply, Inc.

**Scheduling Calendar For Contracted Services**

<b>#</b>	<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Charge</b>	<b>Signature</b>	<b>Comment</b>
1		/ /			\$		
2		/ /			\$		
3		/ /			\$		
4		/ /			\$		
5		/ /			\$		
6		/ /			\$		
7		/ /			\$		
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