

# Howard County Officials, Inc.

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## ACKNOWLEDGEMENT OF INDEPENDENT STATUS

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1. The purpose of joining **Howard County Officials, Inc.** (HCO) is to officiate softball and kickball games.
2. **HCO's** purpose is to provide umpires for softball and kickball games (leagues and tournaments) for properly sanctioned teams to participate in the games.
3. The undersigned **understands and acknowledges** that **HCO** is not his/her employer and therefore is not responsible for withholding federal and/or state income taxes or Social Security, etc. The undersigned **is not entitled** to receive Worker's Compensation coverage, or unemployment insurance and that his/her relationship with the **HCO** is that of an **INDEPENDENT CONTRACTOR**.
4. **ACCIDENT & LIABILITY INSURANCE POLICIES** are the sole responsibility of the undersigned. Officials that submit their Umpire Registration fee **ARE** provided with the **ASA** Accident and Liability Insurance Policies.
5. In consideration for receiving and accepting the opportunities presented by the **HCO**, the undersigned **agrees to be bound by the policies of HCO**, including, but not limited to, Official's conduct on and off the field, job performance, training, and all disciplinary procedures levied by **HCO**.
6. All Members of **HCO** agree to furnish the requisite information. Your Social Security Number is required to file a **Form 1099** in accordance with the Internal Revenue Service regulations.

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I Hereby Acknowledge reading and Ratify the "ACKNOWLEDGEMENT OF INDEPENDENT STATUS".

Also, I certify that the number shown on this form is my correct taxpayer identification number.

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**Print Full Name**

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**Social Security Number**

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**Signature**

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**Date**

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**HCO Representative**

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**Date**