

INDEPENDENT CONTRACTOR

I _____, SSN _____
Print name Social Security Number

am a member of the Northern Virginia Wrestling Officials Association (NVWOA) Incorporated. As a member of the NVWOA, I acknowledge that I provide my services to the NVWOA as an Independent Contractor. Further, as an Independent Contractor I understand the NVWOA is NOT responsible for any employment tax withholding, unemployment insurance, social security taxes, and workers' compensation.

Signature _____ Date _____