

P.O. Box 7843

Berkeley, CA 94707

Date: 9/28/2024

Dear Susie Coliver,

On behalf of New Lehrhaus, I am pleased to confirm your program, and thank you for teaching for us. You’ll find the details below.

**Program Title:** Susie Coliver and Steve Rajninger: Shaping and Experiencing Sacred Spaces

**Mode (virtual or in-person) & Location:** Virtual Program

For programs on Zoom, New Lehrhaus will provide instruction ahead of time and a co-host for the first session. If you are planning to use a Powerpoint presentation,

1. Please be sure you are versatile with sharing your screen on Zoom (or ask us for training).
2. Please don't read the full text of slides out loud, but rather speak about the images with only important points highlighted in the slide's text (e.g. dates, spelling of foreign words).

**Scheduled Date/s & Time/s:**

November 16 from 7:00 PM to 8:30 PM;

**Minimum Number of Students Required to Enroll for Course to Be Held:** 15

**Teacher fee**: Unless waived below, you will receive a fee of $<teacherfee>**.** (If you will receive $600 or more over the course of the calendar year, you must also submit a W-9 form.) **We greatly appreciate it if you are able to support New Lehrhaus by waiving all or part of your fee.**

\_\_\_\_\_\_\_\_\_  I waive my teacher fee and will teach pro bono in order to support New

*Your initials* Lehrhaus.

\_\_\_\_\_\_\_\_\_ I waive PART of my teacher fee to support New Lehrhaus, and to receive  
 *Your initials* $\_\_\_\_\_\_\_\_\_\_\_\_\_/session for a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Payment:**

\_\_\_\_\_\_\_\_\_  I have a Zelle account and can receive payment by that means. My Zelle

*Your initials* username is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Please type or print clearly.)

\_\_\_\_\_\_\_\_\_  I do not have a Zelle account. Please mail a check to the address indicated at

*Your initials* the bottom of this agreement.

**Recording:**

\_\_\_\_\_\_\_\_\_  New Lehrhaus may video-record my program to post for viewing on its website.

*Your initials*

\_\_\_\_\_\_\_\_\_  I do not want my program recorded.

*Your initials*

**Independent Contractor Status:** You and New Lehrhaus agree that you will be teaching the course as an independent contractor in your capacity as a teacher, available to teach at a variety of institutions, and that you are not an employee of New Lehrhaus. At all times, you have the option of performing and may be performing services for others aside from New Lehrhaus.

**Termination**:  Unless earlier terminated, this agreement will terminate automatically upon completion of the course.  Either party may terminate this agreement at any time upon 15 days' written notice to the other, provided, however, that New Lehrhaus may terminate the agreement in writing at any time prior to commencement of the course if it reasonably determines that the minimum number of students required for the program/course have not enrolled.

**Liability / Indemnification**:  You will indemnify, defend, and hold harmless New Lehrhaus, and its respective officers, directors, employees, consultants, attorneys, successors, heirs, and assigns, from any and all claims, liabilities, damages, costs, fees, and expenses (including attorneys' fees and court costs at trial and all appellate levels) arising out of or in connection with your performance of, or failure to perform the services under this agreement.

Please sign this letter electronically (or print, sign, and scan) and send it to programs@newlehrhaus.com.

Be’shalom,



Rachel Biale

Executive Director

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor mailing address:

Instructor email:

Instructor phone: