# SAMPLE PERFORMANCE AGREEMENT

# FOR AUDIO DESCRIPTION SERVICES

(provided by VSA Minnesota; updated 8/2010)

This agreement is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein referred to as DESCRIBER) and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein referred to as THEATRE).

1. The Describer agrees to provide Audio Description (Assisted Viewing) service for the following performances staged by the Theatre during the year(s) 201\_\_\_\_:

Production/Location Date Time

2. The Describer will be paid $\_\_\_\_\_\_\_\_\_\_\_\_\_ for the performance(s) listed above. This payment includes:

\* Travel, Mileage, Rehearsal, Preparation, Post-Performance Discussions (as scheduled), and Performance(s).

The Describer will submit an invoice to the Theatre within \_\_\_\_ days of the audio described performance. The Theatre will make payment within \_\_\_\_ days of receipt of the invoice. Other arrangements are outlined as follows:

(pre-show tactile tour, checking in with patrons at intermission to confirm reception, etc.):

3. The Describer agrees to a call time for the Describer to receive instructions from the Stage Manager or other designated Theatre representative, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, that allows technicians sufficient time to make proper arrangements for transmitter/receiver/frequency, etc.

4. The Theatre agrees to provide a script and recordings, if applicable, at least \_\_\_\_\_\_\_ weeks in advance of the first described performance of each production. The Describer will return these materials to the Theatre within \_\_\_\_\_\_\_ days after the final described performance.

5. The Theatre agrees to provide the Describer with access to rehearsals, performances, pre- and post-play discussions. The Describer will schedule her/his attendance at rehearsals/shows with the Stage Manager or other designated Theatre representative, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6. The Theatre agrees to inform Artistic, Acting, Technical, Stage Management, Front-of-House and Ticket Office staff of the dates and times of Audio Described performances and the Describer’s location in the house or booth.

7. The Theatre agrees to inform the public (through media such as the VSA Minnesota Access to Performing Arts Project calendar of accessible events) that specified performances will be Audio Described.

8. The Theatre agrees to provide patrons upon request: a program in alternative format (Braille, large print, disk, tape, email), the running time of the play (for patrons needing to arrange transportation pick-up), exact address of the venue, a plot summary or other information about the play, cast or the theatre’s physical accessibility.

9. The Theatre is responsible for obtaining appropriate Audio Description equipment (transmitter/receivers for the performance days), for distributing and recovering the receivers from patrons, and for any missing or damaged equipment. If the equipment is borrowed (such as from the Guthrie Theater, 612-225-6243) or rented, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will return the equipment within \_\_\_\_\_ days of the final described performance.

10. Either party can terminate this agreement with \_\_\_\_ weeks’ advance notice. The terminating party will assume partial responsibility for arranging for a replacement Describer.

Signature of Theatre Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Describer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Contact Info (Address, Phone, Social Security #, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_