



Disability Don't Mean Can't
independent Contractor
Contract, Terms, and
Conditions (36 month contract)



Disability Don't Mean Can't is A Limited Liability Corporation and is the Trademarked property of Michael Carter. Disability Don't Mean Can't LLC remains the propriety of Michael Carter and does not transfer to any other party. Written permission must be granted each time anyone other than Michael Carter can use Mr. Carter's Intellectual properties; such as, but not limited to, the use of DDMC logos or images of DDMCman or his likeness. The creation of new DDMC

related materials is prohibited without written permission from Michael Carter.

I _____ wish to become an independent contractor with Disability Don't Mean Can't LLC. I _____ understand that this contract, in no way shape or form, makes me an employee of Disability Don't Mean Can't LLC or Michael Carter. I also understand that no liability, personal or general can be assigned to Disability Don't Mean Can't LLC or Michael Carter. I _____ understand I must acquire my own insurance and provide proof to Disability Don't Mean Can't. I also must write Disability Don't Mean Can't LLC and Michael Carter in under my professional liability coverage. Proof of insurance must be provided to Michael Carter before I _____ become an independent contractor with Disability Don't Mean Can't LLC. I also must provide proof of any licenses or certifications & insurance coverage before I become a

Disability Don't Mean Can't LLC independent contractor. I _____ also understand Michael Carter can terminate this contract at **ANY TIME and for ANY REASON, (with and or without cause).**

Signature: _____ Date: _____



Disability Don't Mean



**Can't LLC Independent Contractor Financial
Requirements (36 month contract)**

I _____ wish to become an independent contractor with Disability Don't Mean Can't LLC. I _____ agree to pay Disability Don't Mean Can't LLC/Michael Carter the Buy in fee of \$1,500 to be paid for the full three years of this contract(along with a discount of \$250) or I can make yearly Buy in fee payments of \$500 for each of the contract's 3 years or (\$42 a month for 36 months). I wish to receive a \$250 discount by paying one lump sum for each of

the contract's 3 years ____ (check for yes). Or I will pay \$500 each of the 3 years of this contract ____ (check for yes). I _____ will pay a one time supplies and miscellaneous fee of \$424 before this contract goes into effect. I _____ also fully understand and agree to pay Monthly maintenance fees (maintenance fees subject to change year to year): minimum of 10% client fee; and no less than \$20 a month. I _____ have been explained & fully understand the "refer a friend program" and wish to be eligible for DDMC to give me \$200 per referral ____ (check for yes). I _____ must submit in writing to Michael Carter your (Refer a friend)'s Name, Completed Disability Don't Mean Can't LLC Terms and Conditions form, Disability Don't Mean Can't LLC independent contractor financial agreement, and

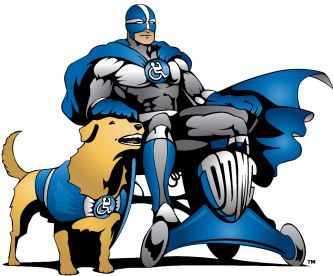
DDMC waver and Release form during your contract duration or offer expires.

Signature: _____ date: _____



Disability Don't Mean Can't Independent Contractor

Release and Waiver (36 month contract)



In consideration of Disability Don't Mean Can't LLC or Michael Carter allowing me to be an independent contractor I _____ and all of my clients agree to waive, release, absolve and hold harmless and indemnify Disability Don't Mean Can't LLC and or Michael Carter from any and all claims, suits, action, and/or cause of action for any personal injury, loss of life, property damage and other liability arising out of my participation as an independent contractor of Disability Don't Mean Can't LLC or Michael Carter. I _____ fully understand that Disability Don't Mean Can't LLC and or Michael Carter are not, nor will not be, responsible for my or my clients.

I _____ agree to pay damages and or attorney fees in the event I _____ or my clients bring damages, in any

way, to Disability Don't Mean Can't LLC and or Michael Carter.

This waiver and release is intended to be an express waiver of and release of all claims or liability against Disability Don't Mean Can't LLC or Michael Carter. I _____ expressly agree that this waiver and release shall be interpreted as releasing Disability Don't Mean Can't LLC and Michael Carter from Kentucky law or United States Federal law. I further understand that persons with a history of back problems, high blood pressure, heart problems, any genetic condition, or any injury are not to participate in Disability Don't Mean Can't LLC or related activity's without providing _____ with a dated and signed doctors consent form.

Photographs, video or artist renderings may be taken to be used in Disability Don't Mean Can't LLC websites or advertisements. Your signature below will document your permission to photograph or video tape or have artist renderings made of you or your clients while participating in any Disability Don't Mean Can't LLC or related activities.

Signature_____date_____