

## **CBE Service Request – Providers with Master Agreement**

Note: This form is to be completed and signed when hiring a Service Provider that has a Master Agreement with the CBE. The list of those Service Providers can be found in the CBE Insite. This Service Request is signed by the Principal and the Service Provider's Representative. The CBE completes the bold & "grey" fields and the Service Provider Completes the "yellow" fields

## Service Provider's Name:

## Schedule A - Services

- 1) All services provided must be chosen from those on the executed copy of the Master Agreement. Excerpts of that Agreement are located in the CBE Insite (Intranet). If the activity is not listed then it cannot be part of this Agreement.
- The Service Provider shall provide the following Services (attach a separate Schedule "A" if space is inadequate):

Services requested: (Must be completed for requested services):

- 3) By the initialling of this paragraph in this space \_\_\_\_\_\_ by the authorized signing officer of the Service Provider who is executing this Service Request on the Service Provider's behalf, the Service Provider acknowledges and agrees that it is fully informed and aware of the terms and conditions of the Master Agreement, and in particular, the terms of the Master Agreement which prohibits the Service Provider from asking CBE Participants or their parents or guardians to enter into ancillary agreements or for medical information or to sign a waiver, acknowledgement of risk, or release of liability in favour of the Service Provider, and the liability and insurance provisions the Service Provider is responsible for.
- Without limiting any of the terms and conditions of Schedule "A" of the Master Agreement, the Service Provider shall:
  - perform the Services in a safe and professional manner and supervise the CBE Participants during the delivery of Services by the Service Provider and the conduct of any activities relating thereto
  - Take all reasonable steps to ensure that the activities in its Services are appropriate for the age of the CBE Participants and that they are carried out in a safe and secure manner
  - Ensure that the location and or facilities meet the applicable health and safety standards and that it has taken reasonable steps to ensure that the location where the activity will take place is appropriate and safe for the activity requested.
- 5) Date of services to be provided: Date(s): Time(s):
- 6) **Location:** (include full site address)

CBE Teacher-in-Charge:	Name:	Phone #
CDL TEACHERSHIPCHAIDE.	INALLIE.	FIIVIIE

**SCHEDULE B – FEES AND EXPENSES:** On receipt of invoices, all required items referred to in Expenses section on the face of this form and, if applicable, receipts for expenses, the CBE will pay the Service Provider in respect of performance of this Service Request payable as follows:(State how payment is calculated, e.g., lump sum, partial payment, upon completion of deliverables, flat rate, hourly rate. Use a Schedule if more room is required. In accordance with Administrative Regulation 7001, Principals may approve up to \$75,000; Area Directors up to \$250,000 and Superintendents up to \$500,000.)

## Amount to be Paid: \$

On signature by the CBE and the Service Provider, the terms and conditions of the Master Agreement shall apply to this Service Request and any attached Schedules.

The Calgary Board of Education			Service Provider's Representative (Please Fax this completed form back to the School.)	
By: Name of Principal (print)		Name of Authorized Signing Jessica Knights	Name of Authorized Signing Officer (print)	
School		Position  Education and Public Progra	Position Education and Public Programs Manager	
School Address			Service Provider's Operating Address 300 - 851 4th Street SE Calgary, AB T2G 1P2	
Phone No.	Fax no.:	Phone No.: +1 403 543 5115	Fax no.:	
Signature of Principal	Date	Signature	Date	