ACADEMIC ENTERTAINMENT

**1495 SW Lost Trail Drive ● Pullman, WA 99163**
**PHONE: 800.883.9883**
**www.AcademicEntertainment.com**
**Tax ID #91-2043215**

# ACADEMIC ENTERTAINMENT SERVICE AGREEMENT

**Please review the entirety of this document.**

**Reservation and Confirmation** - Academic Entertainment reserves the requested performance date upon acceptance of the booking request and issuance of an invoice.

**To fully confirm the reservation**, the Client must promptly return:

1. The completed and signed Service Agreement; and
2. The applicable Reservation Fee, full payment, or approved Purchase Order.

**Failure to return the signed Agreement or payment documents does not cancel the reservation, release the Client from payment obligations, or waive applicable cancellation fees.**

To cancel, the Client must notify Academic Entertainment both by email and by phone at least 60 days prior to the performance date.

**Payment Terms** - For performances booked fewer than 30 days before the event, full payment is due at booking. Unless otherwise stated on the invoice, the remaining balance is due on the day of the performance.

- Accepted payment methods include check, money order, approved Purchase Order, ACH/EFT, and credit or debit card.
- A Purchase Order does not change the payment due date or any other terms of this Agreement unless approved by Academic Entertainment in writing.
- Signed Agreements and Purchase Orders may be emailed to (preferred): **office@academicentertainment.com** or mailed to:

**Academic Entertainment**
1495 SW Lost Trail Drive
Pullman, WA 99163

- Online payments may be made using the "View and Pay" link in the original invoice email. Past-due balances may be subject to reasonable collection costs, attorney fees, and interest where permitted by law.

**Presenter Payment & Timely Remittance** – Our presenters rely on timely payment for the services they provide, and Academic Entertainment cannot compensate them until payment has been received from the Client. We kindly ask that every effort be made to remit the remaining balance within **45–60 days** following the performance date, unless alternative payment terms have been agreed to in writing in advance. Accounts remaining unpaid after **60 days** may be subject to late fees and/or collection costs as permitted by applicable law.

**Cancellation and Rescheduling** - If canceled 60 or more days before the performance and rescheduled, the Reservation Fee will be applied to the new date. **If the performance is not rescheduled, the Reservation Fee is forfeited. If canceled fewer than 60 days before the performance, the Reservation Fee is forfeited.**

Cancellations, school closures, emergencies, weather events, facility problems, or other disruptions occurring within 30 days of the performance must be reported immediately.

Academic Entertainment will make reasonable efforts to reschedule, but rescheduling is not guaranteed. Additional travel, hardship, rebooking, or related costs may apply.

If the presenter begins traveling or arrives and cannot perform because the Client failed to provide timely notice, access, required setup, or appropriate event conditions, the full performance fee shall remain due, except where prohibited by law.

**Facility Access and Availability** - The Client is responsible for ensuring that the facility is open, accessible, properly staffed, and ready for the scheduled performance.

If the facility is closed, locked, evacuated, unexpectedly dismissed, inaccessible, or otherwise unavailable and Academic Entertainment was not notified before travel began, the performance will be considered canceled by the Client and the full performance fee shall remain due and payable.

**Weather Policy** - Outdoor performances require an indoor backup location unless Academic Entertainment approves an outdoor-only event in writing.

For approved outdoor-only events, weather-related rescheduling requests must be made at least 24 hours before the performance.

Weather-related cancellations are not eligible for refunds. Academic Entertainment will make reasonable efforts to reschedule, but availability may require a later season or school year.
If proper notice is not provided and the presenter begins traveling or arrives, the full performance fee may remain due.

**California Schools -** For California schools without suitable indoor facilities, Academic Entertainment will make reasonable efforts to reschedule weather-related performances to the next mutually available date. **Backup dates cannot be held in advance, and refunds are not available for weather-related rescheduling.**

**Scheduling and Presenter Changes -** Academic Entertainment may request a different date or time to coordinate presenter travel and routing. If the Client cannot accommodate the request, Academic Entertainment will make reasonable efforts to keep the original date.
Academic Entertainment may substitute a qualified presenter when illness, emergency, travel interruption, or other circumstances prevent the original presenter from appearing.
In rare circumstances, Academic Entertainment may reschedule or cancel because of presenter availability, insufficient regional bookings, illness, emergency, or travel issues. If Academic Entertainment cancels and cannot provide a comparable presenter or mutually agreeable new date, payment for the unperformed service will be refunded.

**Assembly Requirements -** The Client must provide all setup requirements listed on the program Datasheet, which can be found under the applicable presenter's page on our website. Requirements may include performance space, equipment, tables, electrical access, staffing, supervision, and venue access.
Failure to provide the required setup or access may delay, limit, change, or prevent the performance. In such cases, no refund will be issued and the full performance fee may remain due.
The Client is responsible for student supervision and compliance with school, district, venue, and safety requirements.
Academic Entertainment or the presenter may pause, modify, or end a performance if unsafe conditions, inadequate supervision, or serious disruptions occur.

**Force Majeure -** Neither party will be considered in breach for delays or inability to perform caused by events beyond its reasonable control, including natural disasters, severe weather, government actions, transportation interruptions, utility outages, terrorism, civil unrest, epidemics, pandemics, or similar events.
The parties will work in good faith to reschedule when practical. Reservation Fees and other amounts remain subject to this Agreement's cancellation and rescheduling terms.

**Photo and Media Notice -** Academic Entertainment may photograph or record performances for promotional use, including on its website, social media, and marketing materials, as permitted by law and school policy.
The Client must notify Academic Entertainment in writing before the event if students or staff may not be photographed or recorded.

**Entire Agreement -** This Service Agreement, the invoice, the program Datasheet, and any written addenda constitute the entire agreement between Academic Entertainment and the Client.
Any changes or exceptions must be approved in writing by Academic Entertainment.
If any part of this Agreement is found unenforceable, the remaining provisions will remain in effect.

**Governing Law and Venue -** This Agreement is governed by the laws of the State of Washington.
Any legal action related to this Agreement must be brought in the state courts located in Whitman County, Washington.

**ACTION REQUIRED – SEE PAGE 3**

Please complete **Page 3** of the attached Service Agreement and return it using **one** of the following methods with your Reservation Fee, full payment, and/or approve Purchase Order:

1. **Email (Preferred):** office@academicentertainment.com
2. **Mail:** Academic Entertainment, Inc., 1495 SW Lost Trail Drive, Pullman, WA 99163
3. **Electronic Signature:** Complete and sign online using the SignWell link provided in the original invoice email.

Promptly returning your completed Service Agreement, along with your Reservation Fee, approved Purchase Order, or full payment, helps ensure your booking is finalized.

ACADEMIC ENTERTAINMENT

**1495 SW Lost Trail Drive ● Pullman, WA 99163**
**PHONE: 800.883.9883**
**www.AcademicEntertainment.com**
**Tax ID #91-2043215**

**If you have any questions or would like to speak with someone about the above terms, please contact our *Office Administrator* at *Office@AcademicEntertainment.com* or *800-883-9883.***

***By signing below, you are agreeing to the terms on page one. Please return this page via fax or mail or scan or photo and email. Thank you.***

| | | | |
|---|---|---|---|
| School Name | | | |
| City/State | | | |
| Invoice Number | # | Deposit Amount or Full Payment Amount (from Invoice) | $ |
| **Select ONE of the following payment options:** | | | |
| Payment via enclosed check/money order | # | | |
| Payment via purchase order | # | | |
| Payment via credit card. Please circle: VISA/MC/AMEX | Card Number # | | |
| Card Expiration MM/YYYY | | CVV Code | |
| Card Billing Street Address | | Card Billing Zip Code | |
| Authorized Signature Agreeing to Terms | X | | |
| Authorized AE, Inc. Representative Signature | X | | |

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Go to *www.irs.gov/FormW9* for instructions and the latest information.**

**Give form to the requester. Do not send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

**Print or type.** See ***Specific Instructions*** on page 3.

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Academic Entertainment, Inc.

**2** Business name/disregarded entity name, if different from above.

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

*(Applies to accounts maintained outside the United States.)*

**5** Address (number, street, and apt. or suite no.). See instructions.

1495 SW Lost Trail Drive

**6** City, state, and ZIP code

Pullman WA 99163

Requester's name and address (optional)

**7** List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

| | | | – | | – | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

**or**

**Employer identification number**

| 9 | 1 | – | 2 | 0 | 4 | 3 | 2 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** **Signature of U.S. person** [signature] **Date** 05/11/26

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/16/26

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| PRODUCER | CONTACT NAME: Heather Weiss Zenzen |
|---|---|
| Specialty Insurance Agency<br>3432 Denmark Ave #231<br>Eagan, MN 55123 | PHONE (A/C, No, Ext): 715-246-8908 FAX (A/C, No):<br>E-MAIL ADDRESS: heather@specialtyinsuranceagency.com |
| | INSURER(S) AFFORDING COVERAGE — NAIC # |
| | INSURER A : Scottsdale Insurance Company — 41297 |
| INSURED<br>Academic Entertainment, Inc.<br>1495 SW Lost Trail Dr<br>Pullman, WA 99163 | INSURER B : |
| | INSURER C : |
| | INSURER D : |
| | INSURER E : |
| | INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | X | X | CPS8382744 | 3/17/2026 | 3/17/2027 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>GENERAL AGGREGATE<br>PRODUCTS/COMPLETED OP<br>PERSONAL & ADV INJURY | $ 1,000,000<br>$ 100,000<br>$ 10,000<br>$ 2,000,000<br>$ 2,000,000<br>$ 1,000,000 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| A | UMBRELLA LIAB [X] OCCUR<br>X EXCESS LIAB [ ] CLAIMS-MADE<br>DED [ ] RETENTION $ | X | X | CXS4078689 | 3/17/2026 | 3/17/2027 | EACH OCCURRENCE<br>AGGREGATE | $ 1,000,000<br>$ 1,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| | | | | | | | INLAND MARINE COVERAGE | $ |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Academic Entertainment, Inc: Insured for event planning/booking management

**CERTIFICATE HOLDER**

Academic Entertainment, Inc.
1495 SW Lost Trail Dr
Pullman, WA 99163

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

Heather Zenzen