UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE

2025-2030 OFF-BROADWAY LEAGUE: RENTAL/SALE COVER SHEET

This Cover Sheet must be signed and submitted with all Riders attached to livedesignjob@usa829.org. The Employer will email a copy of the Cover Sheet and all Riders to the Union concurrently with delivery to the Designer. Within seven (7) business days after receipt of the signed copy from the Designer, the Employer will file a copy with the Union. The Designer shall not be required to furnish any designs until the Cover Sheet has been executed by the Employer.

DATE OF ☐ **RENTAL** ☐ **SALE AGREEMENT:** _____

NAME OF EMPLOYER: _____

NAME OF PURCHASER OR RENTER: _____

NAME OF PRODUCTION: _____

NAME OF DESIGNER: _____

DESIGN CATEGORY: ☐ **SCENERY** ☐ **COSTUMES** ☐ **LIGHTING** ☐ **SOUND** ☐ **PROJECTIONS**

COMPENSATION:

The Purchaser or Renter agrees to pay the Designer a Fee of $ _____, which meets or exceeds

10% of the rental or sale price of $_____.

This payment does not affect any rights Designer may have under the original Agreement nor does it confer on the purchaser or renter any right to subsequently reproduce, remount or use in any way, Designer's designs without notification and prior written permission from Designer.

BENEFIT PAYMENTS:

It is understood that un order to provide Pension and Welfare benefits, the Renter or Purchaser shall contribute the following amounts to be credited to the account of the Designer:

Pension payable to the ***United Scenic Artists Pension Fund***: 9.0% ● Welfare payable to the ***IATSE National Benefit Funds***: 13.0

Such contributions shall be by separate checks. The checks should be sent directly to: United Scenic Artists, 37 W. 26th Street, 9th Floor, New York, NY 10010.

DUES CHECK-OFF AUTHORIZATION: I, the undersigned Designer hereby assign the United Scenic Artists, Local USA 829, IATSE, **two percent (2%)** of all wages earned and to be earned by me as an employee, and authorize and direct my Employer to deduct such **two percent (2%)** from my wages and remit same to said Union. This assignment shall be irrevocable for a period consisting of either one (1) year or until termination of the applicable collective bargaining agreement, whichever is sooner, and shall be automatically renewed, with the same irrevocability for successive like periods unless terminated by me in writing not more than twenty (20) days prior to the expiration of any such period. In signing this contract, I voluntarily authorize the dues deduction, knowing that it is not a condition of employment and intending that the amounts deducted be **remitted to the Union** to be applied to my account for Union membership dues or, if not a Union member, in payment of the same percentage of earnings as members pay to help defray the cost of operating the Union.

ACCEPTED: by Employer

SIGN NAME _____

PRINT NAME _____

SIGNING DATE _____

STREET ADDRESS _____

CITY, STATE and ZIP _____

PHONE _____

E-MAIL _____

ACCEPTED: by Union

SIGN NAME _____

PRINT NAME _____

SIGNING DATE _____

IS A RIDER ATTACHED? ☐ **YES** ☐ **NO**

ACCEPTED: by Designer

SIGN NAME _____

PRINT NAME _____

SIGNING DATE _____

STREET ADDRESS _____

CITY, STATE and ZIP _____

PHONE _____

E-MAIL _____