



UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE 2025-2030 OFF-BROADWAY LEAGUE: STANDARD DESIGNER AGREEMENT

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.

AGREEMENT: Pursuant to the Agreement between the Off-Broadway League and United Scenic Artists, the Employer engages the Designer to design, and the Designer agrees to design, the Production herein described:

NAME OF EMPLOYER: _____ COMMERCIAL NOT-FOR-PROFIT
 NAME OF THEATRE: _____ TIER: A B C D
 NAME OF DESIGNER: _____ 1 2 3 4 5
 DESIGN CATEGORY: SCENERY COSTUMES LIGHTING SOUND PROJECTION
 PRODUCTION NAME: _____ DEPARTMENT REIMBURSEMENT BUDGET: \$ _____
 FIRST REHEARSAL: _____ FIRST PUBLIC PERFORMANCE: _____ PRESS OPENING: _____ FINAL PERFORMANCE: _____

COMPENSATION: Employer agrees to pay the Designer a Design Fee of \$ _____, payable in thirds:
 \$ _____ Payable on signing of this Cover Sheet by the Designer
 \$ _____ Payable on acceptance of drawings/sketches/specifications sufficient to begin execution of the design
 \$ _____ Payable on the final day of the Designer's Contracted Residency, but no later than Press Opening

CONTRACTED RESIDENCY AND DAILY RATE: The Designer shall be in residence from _____ to _____, which shall be _____ Included Days and _____ Additional Days at a Daily Rate of \$ _____ for a total of \$ _____, payable on the final day of the Designer's Contracted Residency, but no later than Press Opening.

ADDITIONAL WEEKLY COMPENSATION (AWC):

The Designer will receive AWC of \$ _____, beginning with the first (1st) seventh (7th) week of performances.

TRUST FUNDS: In order to provide Pension and Welfare benefits, the Employer shall contribute the following amounts for each designer employed:
 Pension payable to the United Scenic Artists Pension Fund: 9.0% • Welfare payable to the IATSE National Benefit Funds: 13.0

GENERAL PROVISIONS: Both the Employer and the Designer agree that each and every provision contained in the Basic Agreement between United Scenic Artists Local 829 and the Off-Broadway League shall be part of this Agreement, as though set forth herein at length; and that they have read said Agreement which sets forth the minimum conditions under which the Designer may work for the Employer. No provisions of said Agreement may be in any way waived or modified without previously having obtained the written consent of the Union. Any rider to this contract shall be deemed part of this Agreement, but in no event shall any rider abrogate or lessen any provisions that are contained in the Basic Agreement.

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

ACCEPTED: by Union

ACCEPTED: by Designer

SIGN NAME _____
 PRINT NAME _____
 SIGNING DATE _____
 STREET ADDRESS _____
 CITY, STATE and ZIP _____
 PHONE _____
 EMAIL _____

SIGN NAME _____
 PRINT NAME _____
 SIGNING DATE _____
 IS A RIDER ATTACHED? YES NO

SIGN NAME _____
 PRINT NAME _____
 SIGNING DATE _____
 STREET ADDRESS _____
 CITY, STATE and ZIP _____
 PHONE _____
 EMAIL _____