



RECREATION
DEPARTMENT
FILED

NO. 95-022

'95 FEB -3 A9:28

BARBARA REED
CLERK

ADULT SPORTS OFFICIALS AGREEMENT BY

DEPUTY

Name: MELVIN L. DOAN

Sports League: CITY LEAGUE RECREATIONAL BASKETBALL

Effective Date: 1-17-95

Game Rate: \$17.00 Hourly Rate

OFFICIALS RESPONSIBILITIES

- Arrive at the game at least 10 minutes before game time. Check in with the scorekeeper or League representative.
- Abide by the general regulations for Adult Sports Leagues as set forth by the Douglas County Recreation Department.
- Notify the Department and League representative of any incidents including accidents, fighting, or unsportsmanlike conduct.
- At the end of the game each Official must sign the scorebook or scoresheet.
- Notify the Department and League representative if you are unable to work at least 24 hours in advance so another Official can be scheduled.
- Comply with the conduct rules established in the Douglas County Personnel Ordinance.
- Turn in your completed time sheet of dates and games worked to the Recreation Office.

DOUGLAS COUNTY RECREATION DEPARTMENT RESPONSIBILITIES

- Douglas County Recreation Department or the League Coordinator will provide you with a game schedule.
- Douglas County Recreation Department or League representative will notify you of any changes in the schedule.
- Douglas County Recreation Department will pay your compensation within three weeks of game completions.

This agreement may also be terminated by any party upon thirty (30) days written notice to the other party. The County may cause immediate termination in instances where other employees could be terminated such as drinking on the job, immoral behavior, insubordination, breach of contract, or any action in violation of County personnel policies (DCC 2.02.080).

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WAIVER

It is understood that you shall indemnify, defend and hold harmless Douglas County from any and all liability for damages or expenses which may occur resulting from your participation as an instructor in the Douglas County Recreation Program.

Signed: B. Z. [Signature], County Representative

Dated: 1/27/95

Signed: Melvin L. Doan, Official

Dated: 1-24-95

Address: P.O. Box 2686 MINDEN, NV. 89423

Social Security Number: [Redacted] 4467

Phone Number(s) (702) 782-8961 Daytime (702) 782-8961 Eve.

A: Sport. Doc

REQUESTED BY
DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

95 FEB -3 P1:00

LINDA SLATER
RECORDER

\$ [Signature] PAID [Signature] DEPUTY

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CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and on record in my office.

DATE: February 3, 1995
[Signature] Clerk of the 9th Judicial District Court of the State of Nevada, in and for the County of Douglas.

By [Signature] Deputy