

TRADESPERSON AGREEMENT

AGREEMENT made this _____ day of _____, 20____ by and between

APPLICANT _____ of address _____

&

PARENT/GUARDIAN _____ of address _____

&

SUPERVISOR/INSTRUCTOR _____ (Printed Name)

of business or school named _____

at full mailing address of _____

with contact number of _____

as signified by their signatures below.

WITNESS: That the parent/guardian, with the consent of the applicant who is ____ years of age, does hereby entrust the applicant to the supervisor/instructor to learn the art or **trade of** _____, and the applicant, as an apprentice/trainee agrees to participate from this date until the age of 22, on the **day of** _____, **20** _____, and promises that the term stated, he or she shall give the time and labor required to accomplish the purpose; and that the applicant shall not willfully injure or destroy the property of the supervisor/instructor, but shall conduct himself or herself in a sober, temperate, honest and industrious manner at all times. The supervisor/instructor does promise and agree to train or instruct the applicant in the art or trade named and for the term stated, so far as the applicant is willing and capable.

The parties do mutually agree that the applicant may have and enjoy all the rights and privileges as provided in the Last Will and Testament of the late Oliver Smith, Esq., and that he or she shall perform all of the duties and observe all the regulations as provided by the Trustees of The Smith Charities relative to the **Tradespersons** category; and further promise each to the other the faithful performance of all the obligations agreed to; and that each shall hold the other harmless from any loss or damage by reason of any failure to comply with the terms of the agreement.

IN WITNESS WHEREOF, the parties have signed on the date written above IN THE PRESENCE OF

X _____

WITNESS Signature

X _____

APPLICANT Signature

X _____

WITNESS Signature

X _____

PARENT/GUARDIAN Signature

X _____

WITNESS Signature

X _____

SUPERVISOR/INSTRUCTOR Signature

WITNESS Signature

X _____

SMITH CHARITIES Treasurer Signature

APPLICANT NOTE: Please return this fully signed and fully witnessed agreement along with the application to The Trustees of The Smith Charities, 51 Main Street, Northampton, MA 01060. If you have any questions, please contact Smith Charities at 413-584-0415 between the hours of 9:00 a.m. and 3:00 p.m., Monday through Friday.