

**Confirmation of W-4 and Worker Information Submission |  
Confirmation of Payroll | Confirmation of Workforce Policy SP1**

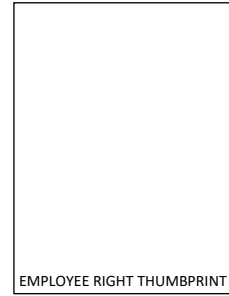
*COMPLETE IN 2 ORIGINALS, 1  
FOR CORPORATE EMPLOYMENT,  
AND 1 FOR LOCAL FILE.*

Name: FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_ SSN: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Workplace location: | CORP | SLW | ATW | KCW | MY PERSONAL CONTACT EMAIL IS: \_\_\_\_\_

I, the undersigned, confirm and agree, except as noted in EXCEPTIONS below, that as of the date of signing this document and/or any re-confirmation of this document:

1. [EMPLOYER]. I, the WORKER, am employed: by |\_\_| AMERICAN EVENT GROUP, INC. ("AEG" or "COMPANY"); by |\_\_| a CONTRACT ENTITY, such as AWBU-LLC that is providing services to COMPANY ("CONTRACTOR"); or |\_\_| by BOTH COMPANY and CONTRACTOR as it may change from time to time. I voluntarily resign any previous employment relationship with any STAKEHOLDER and agree each COMPANY: member, owner, shareholder, executive officer, Corporate Authority ("CORPADMIN") and/or CONTRACTOR as defined within the SP1 manual is a STAKEHOLDER. Further, for the purpose of this document a STAKEHOLDER shall also include any WORKER if paid a wage or guaranteed income.
2. [REPORTING][2.1] My W-4 and worker information (<http://w4.amerevent.com>) submitted to COMPANY is current and accurate; [2.2] My wages, payroll, overtime and benefits paid to me and the submissions upon which they are based are accurate and complete; [2.3] I have no work related injuries, safety, labor rights or other complaints; [2.4] I have and/or have had no criminal or civil matters before any court in the last five years other than misdemeanor traffic violations; [2.5] I am not a registered sex offender; [2.6] I have no limitations or medical conditions that may in any way impact my work; [2.7] I will complete all records and provide all information required by COMPANY for wage, tax, safety, accident or any other purpose; [2.8] I will keep track of my time and work hours records and to submit them on or before the 2<sup>nd</sup> and 17<sup>th</sup> of each month to and I may dispute payroll errors and omissions by writing [employment@amerevent.com](mailto:employment@amerevent.com). I agree undisputed amounts shall be deemed settled in consideration of continued wage payment after 45 days. I agree falsification of reports including failure to report shall be cause for termination.
3. [CONFLICTS] I have no unexcused business relationships, no legal situations and no medical conditions that may in any way limit or impact my work or otherwise harm COMPANY ("CONFLICT"). As used herein, unexcused shall mean any CONFLICT that has not been reported to and for which a written authorization to work was granted by CORPADMIN. Such written authorization to work must be renewed every 90-days or shall be unexcused.
4. [WORK ASSIGNMENT] [4.1] My services may be assigned or contracted to other persons or entities on a full or part time basis and that I will follow all workplace and employment rules of such persons or entities in addition to those of COMPANY; [4.2] I shall within 24-hours document and report in writing to both [notice@amerevent.com](mailto:notice@amerevent.com) and my direct supervisor any accident, safety issue, discrimination, labor law or improper action or request that occurs improper by COMPANY, CONTRACTEE or anyone representing them; and [4.3] I shall take no action that is negative, unwanted or unauthorized by COMPANY against COMPANY or any CONTRACTEE except by arbitration as provided herein.
5. [SP1] I have a current copy of, have reviewed and agree to the terms and requirements of the WORKFORCE POLICIES ("SP1", <http://SP1.amerevent.com>) including those sections concerning current and subsequent employment and arbitration in lieu of court action. I agree SP1 is a CONDITION OF EMPLOYMENT and the parts, policies, terms and conditions of SP1 are not negotiable, divisible or reducible except by prior written agreement of a CORPADMIN and that no other agreements shall be valid. I agree should I leave service of COMPANY for any reason, only the SP1 requirements for termination shall apply and should I not follow them completely and retain all documentation, I shall have voluntarily quit service.
6. [NON-COMPETE] and [NON-DISCLOSURE] I understand and will comply with the requirements of SP1, Section EMP-07, Part 5 (Non-Compete) and Part 6 (Non-Disclosure) as detailed therein. I understand I have waived all rights to freedom of speech and shall take no action in retaliation against the COMPANY for any reason outside that authorized by mutual written consent or by binding arbitration.
7. [ARBITRATION] For our mutual benefit and potential reduction of time and cost, I agree both COMPANY and I shall use binding arbitration for the resolution of any dispute or deficiency between me and COMPANY or a CONTRACTEE except those that can be pursued and resolved within a government agency, such as Department of Labor, Worker's Compensation Commission, Employment Security Department or Police Department. I understand and agree either party may circumvent this agreement to use binding arbitration however the party taking such action then agrees to and shall pay all legal and court costs, attorney fees and retainers of both parties as they occur.
8. [SAFETY] I certify I have reviewed the COMPANY's SAFETY PROGRAM as given in "EMP-05" of



this SP1 and the training and documentation continually available at: <http://safety.amerevent.com>. By my mark(s) below, I certify completion of the following training:

- VEHICLE DRIVER CARD. I affirm I have been issued a company vehicle driver card or WILL NOT drive any COMPANY vehicle.
- HAZARD COMMUNICATION PROGRAM. I affirm I have been trained and understand how to respond if needed.
- FORKLIFT TRAINING. I affirm that under no circumstance will I use a forklift or manlift on COMPANY business unless I have a current operator certification card issued by the COMPANY or by an approved training program.
- FORKLIFT TRAINING. I affirm that I have completed the COMPANY's forklift/manlift operator certification.
- POWER USE. I will not make any power connections or open any power boxes without direct supervisor approval.
- LADDER TRAINING. I affirm that I have read the ladder safety guide(s) and watched the training video.

9. [EXCEPTIONS] I attest and assert the following exceptions exist to the above (or NONE if left blank). I agree any issue not listed below is fully satisfied and settled with regards to COMPANY and STAKEHOLDERS in consideration of continued wage payment:

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ATTACH ADDITIONAL PAGES IF NECESSARY AND INDICATE ATTACHED PAGE NUMBERS HERE: \_\_\_\_\_

SEPARATION, SEVERABILITY and TERM. I agree if any portion of this or any SP1 document is found void, in conflict or unenforceable, the terms of this document shall dominate and/or all remaining portions remain in full force and effect. I agree all requirements of this document shall expire 5 years after the date of signing.

\_\_\_\_\_| By my initials here, I request and authorize my Supervisor to complete time and work hour submissions on my behalf and for my benefit. I agree such shall be equivalent to submission by me.

EMPLOYEE'S DRIVER'S LICENSE IS TO BE PLACED HERE AND THIS FORM PHOTOCOPIED BEFORE THUMB PRINTING OR SIGNING. KEEP CENTERED WITHIN THE BOX PROVIDED AND PLACE OVER THE TOP OF THIS WORDING. THE PHOTOCOPIED FORM IS TO BE SIGNED AND THUMBPRINTED IN FRONT OF WEBCAM WHILE RECORDING VIDEO AND EMPLOYEE'S VERBAL CONFIRMATIONS.

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By my signature below, I attest to, confirm understanding and accuracy of and agree to the above in consideration of further employment, wage payment and/or the payment of one-dollar (\$1.00), the receipt of which is hereby acknowledged. I agree the terms in this document shall be binding upon signing and remain in full effect through the term stated herein or until replaced by a newer signed COMPANY SP-1 Confirmation.

THIS FORM IS TO BE SIGNED IN FRONT OF A VIDEO CAMERA WITH EMPLOYEE'S DETAILING THE SIGNING AND DATE. SEE "ATT CONF-1" FOR LANGUAGE NEEDED.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: |\_\_|\_\_|20\_\_|

WITNESS: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: |\_\_|\_\_|20\_\_|

WITNESS MUST HAVE A THUMBPRINT RECORD ON FILE WITH COMPANY.

First page must be initialed at bottom by employee. A copy of this completed form and the video file must be immediately

EMPLOYEE RIGHT THUMBPRINT

WITNESS RIGHT THUMBPRINT

sent to: [employment@amerevent.com](mailto:employment@amerevent.com) or faxed to toll-free fax: (888) 849-2882. Within 72-hours the original must be mailed to the Employment Services Department at COMPANY headquarters. No one may begin service unless this confirmation is properly signed and submitted.