**Sample Letter of Agreement and ADA Checklist (Tour Rider)**

*For touring companies or organizations that use facilities other than those they own, it is stongly recommneded that you provide a letter of agreement, rider and/or ADA checklist to the landlord or manager of the venue in which the programming will take place. If your services are contracted, presented or part of a larger production/festival/exhibit, you are still responsible for advocating and requesting accessibility services for your artists and the patrons who will particpate in you event.*

*On the next page is a sample that can be edited and adjsuted for your organization:*

**SAMPLE CONTRACT RIDER FOR TOURING COMPANIES**

**ADA COMPLIANCE RIDER**

***Organization* makes a good-faith effort to comply with all requirements of the Americans with Disabilities Act of 1990 (ADA) and has developed a long-range plan to become ADA compliant. Included are all aspects of *Organization*’s programming, employment practices and facilities.**

*Organization* requests that in keeping with this that all Presenters of *Organization* demonstrate a good-faith effort towards compliance with ADA. Please read the listing below and indicate services you are currently able to provide, and return it signed, with your contract.

*Organization* may be able to provide some of these services to our Presenters. Please contact: Ms. /Mr. X, the *Organization* ADA coordinator at 555-123-4567.

| FACILITY (y/n) PROGRAM ACCOMMODATIONS (y/n)  |
| --- |

Wheelchair Access (House)

Wheelchair Seating Audio Description

Wheelchair Access (Stage) Sensory Seminars

Box Office Staff Trained Open Captioning

Front of House Trained Sign Interpretation

TTY or NJ Relay 711 Large Print Programs

Assistive Listening System Braille Programs

| PROMOTION (y/n) OTHER (y/n)  |
| --- |

Use Access Symbols Provide Transportation

Interior Signage Reduced Ticket Rates

Brochures in alternate format Companion Reduced Ticket Rates

Website Access Statement On-line ticketing offers accessable seats

Please add anything that you offer to People with Disabilities that is not mentioned:

Presenting Venue Officer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

*Date of Organization’s Appearance \_\_\_\_\_\_\_\_\_\_\_*

Address/State:

Presenter Phone:
Presenter Email: