

Vendor/Group Liability Agreement
SCOPE OF SERVICES
NOTE: ALL INFORMATION MUST BE TYPED

TO BE PROVIDED TO THE SCHOOL DISTRICT BY THE VENDOR/GROUP PROVIDING SERVICE

Vendor/Group USC CARE MEDICAL GROUP

Date/s of service August 2022 – December 2024

Vendor/Group Qualifications: A brief summary of qualifications and experience. Include previous service provided to Palisades High School or any other public agency.

USC Orthopaedic Surgery has provided high school game coverage for a number of local high school football programs for the last 5 years. We will be providing similar care for Palisades Charter High School.

Provide detailed information on what you will be providing to the District. Include time lines (if applicable). What will be achieved with the agreement? Expectations and outcomes should be clearly defined.

Provide physicians duly licensed in California ("Physicians") to perform professional orthopaedic services to the District's high school students at football games. For the avoidance of doubt, the SCOPE of WORK is limited to professional orthopaedic services only .

Vendor/Group Signature



Printed Name
Alexander
Weber

Date
8/16/2022

Site Administrator Printed Name

Initials

CERTIFICATION BY CONTRACTOR

CRIMINAL RECORDS CHECK
AB 1610, 1612 and 2102


To the Governing Board of Palisades High School School District:

I, USC CARE MEDICAL GROUP certify that:
Name of Vendor/Group

1. I have carefully read and understand the Notice to Contractors Regarding Criminal Record Checks (Education Code Section 45125.1) required by the passage of AB 1610, 1612 and 2102.
2. Due to the nature of the work/service I will be performing for the District, my employees may have contact with students of the District.
3. None of the employees who will be performing the work have been convicted of a violent or serious felony as defined in the Notice and in Penal Code Section 1192.7 and this determination was made by a fingerprint check through the Department of Justice.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Los Angeles _____, California on 8/16/2022.
Date



Signature

Alexander Weber
Type or print name

MD
Title

1520 San Pablo Street LA 90033
Address

855-727-7678
Telephone

Signature _____
Superintendent
Chief

Date

Signature 

Print Name Brian Banducci

School/Department Palisades Charter HS
Assistant Principal

8/17/2022
Date