



THIS AGREEMENT made this ____ day of, _____, _____
Month Year

BETWEEN:

YARMOUTH HOSPITAL FOUNDATION,

Of the First Part

- and -

Of the Second Part

- (1) _____ (the **sponsoring organization**) agrees to organize and implement an independent third party event/program on/between _____ (date) _____ to benefit the Yarmouth Hospital Foundation. (Proceeds to be held in trust for _____ Example: Area of Greatest need or specific department of the hospital).
- (2) The third party event/program shall be described and referred to publicly as follows:

- (3) The **Sponsoring Organization** agrees as follows:
 - (a) to use only the authorized name and logo of the Yarmouth Hospital Foundation in all media and print materials related to the third party event;
 - (b) to handle any monetary transactions and unless otherwise agreed, to present the proceeds to the Yarmouth Hospital Foundation within sixty days following the event.
 - (c) to provide staffing and volunteers for the event;
 - (d) to use its own mailing lists for the event;
 - (e) to obtain all necessary permits, licenses and insurance;
 - (f) to follow the Yarmouth Hospital Foundation's receipting policies in compliance with the regulations and guidelines of Canada Revenue Agency as attached herewith.
- (4) Except where otherwise stated it is understood and agreed that all costs associated

with the event are the responsibility of the **sponsoring organization** and the **sponsoring organization** hereby releases the Yarmouth Hospital Foundation from any liability which may be incurred as a result of the event.

- (5) Notwithstanding anything herein contained, the Yarmouth Hospital Foundation agrees to provide the following to assist with the event:
- (6) The Yarmouth Hospital Foundation agrees to provide the sponsoring organization with recognition commensurate with the level of giving as set forth in the Foundation Donor Recognition Policy.
- (7) The Yarmouth Hospital Foundation reserves at any time the right to withdraw the use of its name and logo.

Signed: _____ DATE
(Sponsor/Agent)

Signed: _____ DATE
(Yarmouth Hospital Foundation)