



Third-Party Event Agreement

<u>Guidelines</u>	<u>Initialed by Third Party Event Organizer</u>
<p>1. Use of Logo and Printed Material - Saint Francis Hospital and Medical Center, Mount Sinai Rehabilitation Hospital and Johnson Memorial Hospital is publicly accountable for all fund-raising activities, so it is required that your proposed event and any printed and website materials be reviewed and approved by the Saint Francis Foundation before you will be permitted to use the Saint Francis, Mount Sinai and Johnson Memorial name or logo in connection with your event.</p>	
<p>2. Expenses - Saint Francis, Mount Sinai, or Johnson Memorial will not be accountable for any event expenses or any debts incurred prior to, or as a result your event. The event organizer is solely responsible for all expenses associated state or local licensing, event permits and liability insurance for the fundraiser.</p>	
<p>3. Proceeds - Proceeds, after expenses, from the event, must be dedicated to Saint Francis Hospital and Medical Center, Mount Sinai Rehabil Hospital and Johnson Memorial Hospital</p>	
<p>4. Recognition - Saint Francis Foundation will be available to collect and acknowledge donations prior to, during, and/or after the event. The donors will be acknowledged for the amount of their donation(s). Please contact the Saint Francis Foundation if you are planning to collect the donations for your event.</p>	
<p>5. Volunteers/Paid Employees - The event organizer is responsible for securing and compensating any volunteers and/or paid employees needed for the event. However, the Saint Francis Foundation may be able to provide volunteers as well as arrange for Hospital staff to attend the event. Please give at least 4 weeks notice if you would like specific members of the Hospital staff to attend your event. We will do our best to accommodate your request; however, Saint Francis cannot guarantee the attendance of any Hospital staff member at your event.</p>	

I have read and agree to abide by this Saint Francis Hospital and Medical Center, Mount Sinai Rehabilitation Hospital and Johnson Memorial Hospital Third-Party Event Agreement as set forth by the Saint Francis Foundation and incorporated herein by reference. I agree that I am responsible for the success of this fundraising event.

Event Organizer Signature: _____

Date: ____/____/____

Printed Name: _____

Phone: _____ Email Address: _____

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Mission: "We are committed to health and healing through excellence, compassionate care and reverence for the spirituality of each person".