



Independent Special Event Agreement Form

Event Name: _____

Event Date: _____ Event Location: _____

Event Description: _____

Contact Name: _____

Contact Address: _____

Phone: _____ Fax: _____ Email: _____

Estimate: Gross Revenue: _____ Estimated Costs: _____

Estimated amount of donation: _____% of proceeds (based on net revenue)

Anticipated Date of Donation: _____

(Ideally within 30 days of the event's conclusion)

If proceeds will be shared with another charity, please list below:

Area of care designation: _____

(See full list of care designations online at www.victoriahf.ca)

Please briefly describe the proposed publicity plan for the event (posters, newsprint, radio, etc.):

Will the event publicity be handled by an agency? _____

If yes, please name the agency: _____

Agency Contact: _____ Phone: _____

Agreement Form

An Independent Special Event is a fundraiser held on behalf of the Victoria Hospitals Foundation (hereafter referred to as "the Foundation"). The event is organized and executed wholly by a company, group, or individual independent of the Victoria Hospitals Foundation. It is understood that the Foundation does not take a primary role in planning or organizing the event.

Organization Name: _____ agrees to organize and implement a special event on _____, 2013 to benefit the **Victoria Hospitals Foundation**. The special event shall be described and publicly referred to, as follows:

The Independent Special Event organizer agrees to the following Terms:

- ☐ Handle all monetary transactions (ticketing, transactions, pledges, registrations, etc)
- ☐ Provide staffing and volunteers for the special event (this includes solicitation for prizes, event areas, ticket sales, set up/take down, raffle selling, sponsors, etc.)
- ☐ Obtain all necessary permits and licenses for the event and take responsibility to abide by all rules and regulations set out by British Columbia Lottery Corporation (BC Gaming) and/or City Permit and Licensing offices. * Please note that we never loan our charitable registration number to any individual, group or organization.
- ☐ Follow the Victoria Hospitals Foundation's receipting policies, which adhere to rules and regulations set out by the Canada Revenue Agency (CRA).
- ☐ Clarify risks involved with the foundation and take responsibility for all financial and liability requirements of hosting an event. No costs or liability associated with the event shall be incurred by Victoria Hospitals Foundation or their affiliates.
- ☐ Provide a copy of third-party liability for the day (or duration) of the event. Insurance should include the Foundation as a co-insured and indemnify the Board of Directors, Victoria Hospitals Foundation, Royal Jubilee Hospital, Victoria General Hospital and all affiliations contained therein.
- ☐ Present the proceeds to the Foundation within a reasonable timeframe (30 days suggested).
- ☐ Identify how complaints or external controls for media will be handled. The organizer agrees to inform the Foundation immediately of any circumstance that may or may not result in front page news, scandal, damage the Foundation's reputation, create a media frenzy or increase the Foundation's telephone/email/fax inquiry volumes.
- ☐ The organizers & their affiliates (including contracted service providers) understand that they will uphold and protect the reputation of the Foundation. The organizer will obtain agreement from those who are working with the organizers.
- ☐ Identify who owns the rights to photographs and obtain all necessary release forms.
- ☐ Proper use of the authorized name/logo of Victoria Hospitals Foundation in all promotional materials related to the event.
- ☐ Use the authorized name/logo of Victoria Hospitals Foundation according to the provided Guidelines for usage.
- ☐ Conduct a post-event debrief and evaluation with the Foundation.
- ☐ Understands that the Foundation reserves, at any time, the Right to Withdraw -See Conditions.

I have read and understand the Terms & Conditions set out by the Victoria Hospitals Foundation for Independent Special Events and I agree to abide this Agreement:

Signed _____ Date: _____
(Independent Special Event Coordinator)

Conditions

Recognition:

The Victoria Hospitals Foundation agrees to provide the Independent Special Event organizer with recognition commensurate with the level of giving as set forth in the Victoria Hospitals Foundation's Donor Recognition Policy.

Cancellations:

If the event is cancelled, the Independent Special Event organizer will notify the Victoria Hospitals Foundation as soon as possible prior to the original event day.

The Right to Withdraw:

The Foundation reserves, at any time, "the Right to Withdraw" permission surrounding use of our name/logo, participation in the event, or any part of the special event that is not within compliance with the Foundation's policies & procedures, mission statement, operational principles and values, the Foundation's Board of Director's governance or decision-making, best-practice fundraising conduct (including deceptive or unethical fundraising methods), misrepresentation of facts made publically (including social media outlets, blogs and email), contravention of municipal, provincial or federal regulations (including PIPPA, FOIP and the Personal Privacy Act), responsibility to third-party contracts or service providers obtained by the event organizer, trademarks or other mutual agreements (including verbal, non-verbal or written or unwritten and/or issues assumed to have been mutually understood.)

Once you have completed this form, please submit it by mail, email or fax:

Mail: Victoria Hospitals Foundation, Wilson Block 1952 Bay Street, Victoria BC V9W 1J8
Email: vhf@viha.ca
Fax: 250-519-1751

A Victoria Hospitals Foundation representative will contact you within five business days of receipt of this form to discuss your event and your involvement with the Foundation.

For Office Use Only

The Victoria Hospitals Foundation grants approval to the named Independent Special Event organizer to raise funds as outlined herein to benefit the Royal Jubilee Hospital and Victoria General Hospital.

Signed: _____ Date: _____

Position: _____

We are committed to protecting the privacy of our donors. The Victoria Hospitals Foundation collects information in accordance with the *BC Personal Information Protection Act*. We do not sell, trade, or rent contact information. If you do not consent to the retention of your contact information, please call 250-414-6688. For further information, go to www.victoriahf.ca.
