



Third Party Fundraising Agreement

These terms and conditions apply to all those who host a fundraising event on behalf of Scarborough Health Network Foundation (SHN).

Event Criteria

1. A Community Events Application must be completed and submitted to determine if the event is within SHN Foundation guidelines. SHN Foundation can only accept events that reflect compatibility with our mission, vision and values.
2. I acknowledge that Scarborough Health Network Foundation, in its sole discretion, may deny my application and may revoke an accepted application at any time. If Scarborough Health Network Foundation revokes its approval, I agree to immediately cease all use of any of Scarborough Health Network Foundation trade-marks and to immediately give Scarborough Health Network Foundation any funds raised and an accounting of funds raised.
3. I acknowledge that Scarborough Health Network may accept gifts designated (or restricted) to a specific purpose at Scarborough Health Network.
4. In order to assist with Scarborough Health Network Foundation's costs, including processing, receipting, investment management, stewardship and granting of designated (or restricted) gifts, a percentage of the gift will be allocated to Scarborough Health Network Foundation in accordance with the Foundation's policy. As of the date of these terms, that amount is 12%.
5. Please note that the Foundation reserves the right, at its discretion, to change, modify, add, or remove portions of its policies or Terms of Use or these Fundraising Events Terms and Conditions at any time. Please check periodically for changes.
6. These terms and conditions are binding upon and shall be to the benefit of the parties and to their respective heirs, administrators, legal personal representatives, successors and permitted assigns.

Proceeds:

7. I agree to provide Scarborough Health Network Foundation with the net proceeds of my Event, within sixty (60) days after the Event is over.
 - a. I confirm that any expenses that I incur to run the Event will be reasonable and transparent. I acknowledge that any expenses that I incur in hosting the Event are my responsibility and that Scarborough Health Network Foundation is not responsible for any losses that I may incur in hosting the Event.
 - b. I will clearly identify to Event participants what the allocation of proceeds from the Event will be given to Scarborough Health Network Foundation. This information must be made clear in all public communications about the event.

8. Recognition of your efforts and generosity will be based on the net revenue actually donated to the Foundation.

Tax Receipting:

9. I understand that Scarborough Health Network Foundation must strictly follow guidelines set by the Canada Revenue Agency and acknowledge that charitable tax receipts for Events cannot be issued in every circumstance. I agree to follow Scarborough Health Network Foundation's tax receipting policy and will direct any questions about receipting to my Community Events team member.
 - a. When a portion of the charge or suggested donation to the participant in a community event is not tax deductible a statement must be included in all appropriate materials.

Marketing:

10. "Scarborough Health Network", "Scarborough Health Network Foundation" and "In support of Scarborough Health Network Foundation" and related logos are trade-marks of Scarborough Health Network Foundation and Scarborough Health Network. These trademarks cannot be used without the prior written approval of Scarborough Health Network Foundation. All promotional materials for the proposed Event must be approved by Scarborough Health Network Foundation in writing prior to being released to the public. Promotional materials may not imply that Scarborough Health Network Foundation is involved in the Event as anything other than a beneficiary of the proceeds.

Liability:

11. I acknowledge and agree that Scarborough Health Network Foundation and Scarborough Health Network, their servants, agents, successors or assigns (collectively the “Indemnified Parties”), shall not be held liable for any injury, loss or damage, however caused, which the Indemnified Parties may incur resulting from or arising out of my Event.
12. I agree to conduct my Event in a safe manner and to adhere to all federal, provincial, and municipal laws. I will obtain all necessary permits and licenses for my Event.
13. I will advise participants in my Event of any risks; and, if appropriate (e.g., participating in a sport, being in a motorized vehicle, being in or around water, etc.), I will obtain a waiver of liability from each Event participant or their parent/guardian in favour of Scarborough Health Network Foundation.
14. I will obtain appropriate insurance for my Event. I acknowledge that the requirement for insurance does not limit my protection or other obligations in respect of the Event and that Scarborough Health Network Foundation does not represent that the insurance and limits required are adequate.

Confidentiality:

15. I agree to respect the confidentiality of personal information that may be provided to me by Event participants.
 - a. I will only use personal information to administer my Event in support of Scarborough Health Network Foundation.
 - b. I agree that all such personal information is collected on behalf of Scarborough Health Network Foundation. I will provide all participant information to Scarborough Health Network Foundation prior to or immediately after my Event or upon request of Scarborough Health Network Foundation
 - c. Personal information of the participants provided shall be kept secure at all times (whether stored in physical form or on a computer); access to personal information shall be limited to the event provider and its employees and volunteers
 - d. I acknowledge that Scarborough Health Network Foundation is unable to share its donor list or to supply media contacts to help me promote the Event.

I have read and agree to the preceding Third Party Fundraising Agreement.

Event Organizer

Date

Community Development Manager

Date

Please email, fax or mail to:
Community Development Manager
Scarborough Health Network Foundation,
supporting Scarborough Health Network
108-3030 Lawrence Ave. East Scarborough, ON M1P 2V5
T: 416.281.7119 F: 416.438.8312 E: tahmed@shn.ca

THANK YOU!

**Your continued support is valued and appreciated.
We couldn't do it without you!**