

TERMS AND CONDITIONS

For Third Party Events Held on Behalf of
Holland Bloorview Kids Rehabilitation Hospital Foundation

Please read and sign below to indicate your understanding of these terms and conditions:

This is a letter of agreement between the Holland Bloorview Kids Rehabilitation Hospital Foundation (Holland Bloorview) and

_____ (Third Party)

who wishes to organize a special event (Third Party Event) with proceeds going to Holland Bloorview.

1. Holland Bloorview will not cover expenses or assume any legal or financial liability associated with the Third Party Event.
2. Holland Bloorview authorizes the Third Party to use its name and logo in communications distributed to the media upon obtaining the prior written approval of Holland Bloorview.
3. Holland Bloorview is not responsible for any accidents or damage to persons or property that may occur during the course of the event and the Third Party will arrange suitable insurance is in place prior to the date of the Third Party Event.
4. Net proceeds from the Third Party Event together with all related financial reports must be remitted to Holland Bloorview within **60 days** of the Third Party Event. Holland Bloorview retains the right to verify the financial reports.
5. Holland Bloorview will advise the Third Party about Canada Revenue Agency regulations regarding tax receipts.
6. Any written materials require prior written approval of Holland Bloorview.
7. If Holland Bloorview has serious concerns about the way that the project is being implemented and such concerns are not immediately addressed, Holland Bloorview can cancel this agreement by giving the Third Party 24 hours' notice. Holland Bloorview is not responsible for financial or other damages that may result from such cancellation.
8. All sporting events require that participants sign waiver forms, waiving any physical, personal or financial liability.
9. I have read and understand the receipting gift guidelines.

Name of Applicant: _____

Company Name (if appropriate): _____

Date submitted: _____

Signature: _____

Event Name: _____

Event Date: _____

Please complete, sign and return the event proposal form to the address below. Holland Bloorview Kids Rehabilitation Hospital Foundation will acknowledge the application within 10 business days.

Holland Bloorview Kids Rehabilitation Hospital Foundation
150 Kilgour Road
Toronto, Ontario M4G 1R8

Tel: (416) 424-3809 Fax: (416) 425-4531
Email: foundation@hollandbloorview.ca

Charitable Registration Number: 88932 6278 RR0001

Thank you for your support!

For Foundation Use Only:

Date Approved: _____ Approved by: _____