

Ross Memorial Hospital Auxiliary
Lindsay, Ontario

VENDOR RELEASE FORM 2017

I/We, the undersigned Vendor, in consideration of Ross Memorial Hospital Auxiliary and the Ross Memorial Hospital site permitting me/us to occupy and use the lands and premises ("Space") for and during an "Outside Vendor Program", hereby agree to RELEASE, INDEMNIFY and SAVE HARMLESS Ross Memorial Hospital Auxiliary and Ross Memorial Hospital site from all manner of liabilities, debts, fines, suits, claims, thefts, damages to property and person, demands and actions and causes of action, of any nature or kind for which the Vendor, the hospital or the Auxiliary may be liable relating in any breach of violation, negligence, unlawful act or acts of the Vendor, the hospital or the Auxiliary of their respective agents, servants, invitees and against all costs, counsel fees, expenses and liabilities incurred by the hospital or the Auxiliary in any such suits, claim, theft, damage to property or person, demand, action or proceeding.

The Ross Memorial Hospital and the RMH Auxiliary do not endorse or support in any way the products or services featured.

Vendor Company Name (in full): _____

Signature Vendor: _____ Title: _____

Vendor Name (printed): _____

Date: _____

Signature Vendor Convener Approval: _____

Date: _____

VENDOR INFORMATION SHEET – 2017

Company Name: _____

Contact Person: _____

Address: _____

_____ Postal Code: _____

Telephone# _____ Cell# _____ Fax #: _____

E-mail Address: _____

Description of Product(s)/Service(s): (IMPORTANT – be as complete as possible)

Please indicate preferred months and dates. _____

Please advise ASAP, if any of the above information changes – Thank You.

For Office Use Only:

Information Sent _____

Signed Declaration/Release Form Returned _____

Notes: _____

APPROVED: _____

DATE: _____

RMHA VENDOR PROGRAM TERMS AND CONDITIONS – 2017

The following are the Ross Memorial Hospital Auxiliary's Terms and Conditions for the operation of the vendor space at the Ross Memorial Hospital.

The vendor must agree to all Terms and Conditions at all times or the agreement may be terminated. Failure to comply will result the Vendor being asked to leave the premises immediately, with a Security escort if needed.

FEES – 2017 FEE SCHEDULE

The fee is a flat daily fee; payment is required regardless of your sales, payable by cash, bank draft or cheque only. *The daily fee will be \$65.00.*

Fees are payable a minimum of two weeks before the booking date. Payment may be by cash or cheque payable to: Ross Memorial Hospital Auxiliary. If you are booking several dates, please submit post-dated cheques for each of the approved, scheduled dates. If you need to cancel a date, please advise us at least 2 weeks prior to the scheduled date, and we will not cash the cheque. However, if we are not notified in a timely fashion (i.e. 2 weeks), your cheque will be cashed.

ALL returned cheques will be charged an NSF Fee of \$25.00

CANCELLATIONS

Cancellations must be made a minimum of 2 weeks prior to the sale date. Failure to do so will result in a charge of your **full fee**. This fee is payable regardless of the circumstance of insufficient notice. There will be NO exceptions.

VENDOR PROGRAM LOCATION

A designated area is provided in the Rotunda (Main Entrance) of the Hospital located at 10 Angeline Street North, Lindsay, Ontario. We will provide two 6' X 3' tables and two chairs. **Vendors cannot exceed the space provided or use additional tables or in any way hinder movement of staff/patients.** You may provide your own tables as long as they do not exceed the designated space provided.

UNLOADING & PARKING

You are responsible for your own parking fees in either the Short Term or Long Term Parking Areas of the hospital. See Security in hospital lobby to arrange for short periods to unload and reload.

SET-UP

When you enter the hospital, tables are to be placed in the taped off area in the Rotunda. Set-up may begin at 8:00am and displays must be removed by 4pm unless notified otherwise. Tables must be covered with clean and pressed covers. The display must be neat and pleasing to the eye.

At the end of the day, **DO NOT LEAVE ANY GARBAGE. YOU MUST TAKE ALL BOXES WITH YOU.**

We reserve the right to cancel, relocate or reschedule a Vendor if the area is required for hospital events, maintenance, etc. without notice but as much notice as possible will be provided.

IT IS NOT OUR RESPONSIBILITY TO INFORM YOU OF THE FOLLOWING:

- *When another vendor selling a product similar to yours is booked*
- *When holiday, paydays etc. take place.*

ADVERTISING

Advertising is not allowed in the hospital.

OTHER

- All vendors will conduct themselves and their business in a legal and professional manner at all times.
- The Vendor Convener reserves the right to refuse any Vendor with products that may conflict with the hospital's existing retail areas.
- The Vendor Convener reserves the right to inspect all displays and determine whether they are appropriate for the hospital setting. We may withhold permission for a sale or discontinue a Vendor's sale while in progress if necessary but will not do so unreasonably.
- The vendors will be asked to provide written authorization of being a licensed representative for the company that holds the trademark or copyright.
- Vendors are required to have general liability insurance. Proof of insurance should be submitted initially along with the completed Vendor Information Sheet and Release Form. Ask your insurance company for a "CERTIFICATE OF INSURANCE". The minimum amount of coverage must \$1,000,000 (one million). *N.B Contact your insurance broker to see if your household insurance will cover you.*
- Sale of replicas or "knock-offs" of licensed and copy written merchandise is illegal and is not permitted on the Ross Memorial Hospital property.
- As stated and agreed to by the Vendor in the attached "Release Form", any liabilities, fines etc. levied will be the responsibility of the Vendor.
- All vendors must follow the hospital's emergency procedures.
- All Vendors must follow the hospital's FRAGRANCE FREE POLICY – please refrain from wearing scented products and do not have any open scents, or sampling of perfumes etc.

- **Any verbal or physical abuse of the Ross Memorial Hospital Staff and Volunteers will not be tolerated.**
- **Active solicitation of passers-by and promotion of off-site sales are not permitted.**
- **The Vendors may not sell the following:**
 - **Beverages of any kind (e.g. coffee, tea, pop etc.)**
 - **Any food or food samples**
 - **Items of a vulgar, sexual or discriminatory nature (e.g. t-shirts with offensive messaging or images)**
 - **Items that may violate the hospital's "scent-free" policy.**