

**Cancer Services of Grant County
Third Party Fundraising and Liability Release Agreement**

Cancer Services of Grant County (CSGC) is grateful to all those businesses, organizations and/or individuals who seek to conduct a third party event in support of our mission.

Protecting Cancer Services' hard earned reputation by being associated with quality third party events is just as important as the funds raised by those events. With this in mind, the undersigned agrees to the following when conducting third party events to benefit CSGC.

1. The business/organization/individual will not open any bank accounts using CSGC's name or Taxpayer Identification Number (TIN). Any check donations listing CSGC as "Payee" will be forwarded to Cancer Services for deposit in a CSGC's bank account.
2. Only donations made directly to CSGC are tax deductible (to the extent permitted by law). Donations made directly to a third party event can thus, be used to cover the event's expenses, but they are not tax deductible.
3. Due to limited personnel resources, CSGC cannot provide staff support to third party events.
4. The business/organization/individual agrees to minimize expenses related to the third party event.
5. The business/organization/individual agrees to an "open book" policy, and to provide an event plan and budget, if requested.
6. Any use of CSGC's name, logo, or stationary in any mailing, advertising, or for the media must receive prior approval from the Executive Director of CSGC.
7. CSGC will not enter into any agreement with a business/organization/individual when there is a potential conflict of interest with CSGC's programs and policies.
8. All fundraising is to be conducted for the exclusive benefit of CSGC. Any variance must be approved by CSGC in advance of the event.
9. CSGC does not release volunteer or donor names.
10. All third party event organizers are responsible for providing insurance as required by law, or established business practice.
11. Third party event's net proceeds (i.e. gross proceeds less all related expenses), must be delivered to Cancer Services of Grant County within 10 days of the event's conclusion.

I individually, or as a representative of the below named business or organization, agree to the above requirements and hereby fully release and agree to hold harmless Cancer Services of Grant County, Inc. and its affiliates, their Officers, Directors, Trustees, agents, employees and representatives, successors and entities, together with their insurers, of and from any and all liability, claims, damages, expenses or causes of action for any reason.

Contact Name: _____

Organization/Business Name: _____

EIN or 501(c)3 #: _____

Event Name: _____

Event Location: _____ **Event Date:** _____

Event Details: _____

Signature: _____ **Date:** _____