

Community Event Proposal Form

This Community Event Proposal Form (this "Form") must be completed, signed and returned to the Roswell Park Alliance Foundation (the "Alliance") for approval prior to hosting an event to benefit Roswell Park Cancer Institute Corporation ("RPCI"). (See the "Form Submission" section of this Form for submission details.) All fields in this Form must be completed prior to submission.

About You

Name of contacts/individuals hosting the proposed event: _____

Name of groups/companies planning the proposed event: _____

Your mailing address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: (____) _____

About the Event

Name of the proposed event: _____

Brief description of the proposed event: _____

Date of the proposed event: _____ Time of the proposed event: _____

Location (venue name) of the proposed event: _____

Address of the proposed event: _____

City: _____ State: _____ Zip Code: _____

Number of Participants Anticipated: _____ Target Audience: _____

How do you plan to publicize the event (e.g., press releases, flyers, radio/TV, printed ads, etc.): _____

How will funds be raised for the event? (e.g., ticket sales, pledges, sponsorships, auctions, raffles, etc.): _____

Registration or admission fee: \$ _____ Other anticipated revenue: \$ _____ Anticipated gross revenue: \$ _____

Percentage of net proceeds to be donated to RPCI: 100% Other (specify): _____ % If the percentage is less than 100%, explain below: _____

Does any individual, company, entity, etc. plan to match the amounts that you raise?: YES NO If yes, describe the details below: _____

Will you be soliciting an businesses and/or individuals for underwriting and/or in-kind of donations of products and/or services?: Yes No

If yes, list all businesses and/or individuals that you plan to solicit in the spaces below, or attach a separate sheet with such details:

Business/Individual	Request

Has this event taken place in the past?: Yes No If Yes, where was the event held previously?: _____

Will you consider making this an annual event for RPCI: Yes No

Note: You must submit any and all proposed media solicitations associated with the proposed event for approval by the Alliance before using any RPCI, Alliance, and/or Team Roswell name(s) and/or logo(s). (See the "Fundraising Guidelines" section of this Form for further details.)

About Your Donation

Please choose one of the following that best describes how you wish for your donation to be used:

- My donation is to be used for the most pressing needs related to cancer research and/or patient care programs at RPCI
- My donation is to be used specifically for the following purpose: _____
- In honor of (name): _____
- In memory of (name): _____

If your donation is in honor or memory of someone specific, please tell us about this person below:

Team Roswell Support

Would a Team Roswell event pack (containing items such as balloons and banners) be helpful to your proposed event?: Yes No

Would an Alliance or Roswell Park staff member be helpful on the day of the event?: Yes No

If yes, describe how it would be helpful below:

Would you like to be added to our Team Roswell e-newsletter?: Yes No

Fundraising Guidelines

Thank you for your interest in raising funds and awareness for RPCI. Anyone who intends to promote and/or host an event to benefit RPCI must adhere to following guidelines:

1. Before anyone may use the RPCI, Alliance, and/or Team Roswell name(s) and/or logo(s), written approval from RPCI's and/or the Alliance's executive board(s), as applicable, must first be obtained by each such person/entity. Any usage of the RPCI, Alliance, and/or Team Roswell name(s) and/or logo(s) must comply with RPCI graphic standards, and is subject to approval by RPCI and/or the Alliance, as applicable.
2. As RPCI has corporate relationships established with many local businesses, before soliciting businesses and/or individuals for sponsorship, you must first contact a Team Roswell coordinator with a list of businesses and/or individuals that you wish to approach so as not to jeopardize RPCI's relationship with such businesses. (See the "Team Roswell Coordinators" section of this Form for a listing of Team Roswell coordinators.)
3. RPCI and the Alliance cannot ensure staff and/or patient ambassador representation at an event. Determination for representation by RPCI and/or Alliance staff and/or patient ambassadors will depend on availability at the time of the event.
4. Net proceeds from the event which are to be donated to RPCI must be sent to the following address no later than four (4) weeks immediately following the date of the event, unless you have established a different timeframe with a Team Roswell coordinator:
Roswell Park Alliance Foundation
Elm and Carlton Streets
Buffalo, NY 14263
Attention: Team Roswell
5. If, for any reason, event plans change, you must notify a Team Roswell coordinator immediately. If your event is cancelled, you must return any all materials and/or merchandise that were provided to you for the event.
6. The main contact person listed under the "About You" section of this Form is responsible for ensuring that all necessary permits, licenses, etc. are obtained prior to the event.
7. Neither RPCI nor the Alliance can and/or will provide you with any of the following:
 - I. Tax exemption;
 - II. Gift recognition letters and/or letters noting a tax deduction for funds that were not directly received by RPCI and/or the Alliance;

- III. Insurance coverage;
- IV. Funding and/or reimbursement for travel and/or any other expenses; and/or
- V. A mailing list of donors and/or vendors.

Indemnification Agreement

You and all event planners, hosts, affiliates, sponsors, promoters, volunteers, and all other persons and entities associated with the event (each an "Indemnifying Party" and collectively the "Indemnifying Parties") hereby agree to indemnify, defend, and hold harmless RPCI, including all officers, directors, agents, employees, subsidiaries, and affiliates of RPCI, the Alliance, including all officers, directors, agents, employees, subsidiaries, and affiliates of the Alliance, Team Roswell, and the State of New York (each an "Indemnitee" and collectively the "Indemnitees") from and against any and all present and future claims, demands, actions, suits, damages, liabilities, losses, settlements, judgments, costs, and expenses (including, but not limited to, reasonable attorney's fees and costs) (each a "Loss" and collectively "Losses") in connection with the event, including, but not limited to: any Loss resulting from any promotional activities; any Loss for property damage, personal injury, death, and/or illness any Loss resulting from any act and/or omission of any Indemnifying Party and/or any event participant and/or any other party; any Loss resulting from any misappropriation of funds and/or donations; any Loss resulting from any use of any Indemnitee name and/or logo in any Indemnifying Party's promotional activities, materials, and/or otherwise; etc. Furthermore, the Indemnifying Parties hereby agree not to sue any Indemnitee for any Losses in connection with the event.

The Indemnifying Parties agree and expressly represent that no Indemnitee is involved in the planning, promotion, sponsorship, management, hosting, conduct, etc. of the event, and that RPCI is merely a charitable beneficiary of a portion of the proceeds derived from the event.

The Indemnifying Parties agree and understand that this Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that if any portion is held invalid, the remainder of this Indemnification Agreement will continue in full legal form and effect.

You have carefully read this Indemnification Agreement, have shared it with all other Indemnifying Parties, and all Indemnifying Parties fully understand its contents. You are aware that by checking "I agree" below and initialing next to such, that you are certifying that you and all other Indemnifying Parties are at least eighteen (18) years of age or older, that you and all other Indemnifying Parties are voluntarily agreeing to the terms of this Indemnification Agreement, including waiving certain legal rights, and that you have the authority to bind yourself and all other Indemnifying Parties. In the event of any dispute where any other Indemnifying Party denies your authority to sign on his/her/its/their behalf and/or otherwise disputes the enforceability of this Indemnification Agreement, then you agree to defend, indemnify, and hold the Indemnitees harmless from and against all such disputes and any Losses that may result from such. Knowing this, you, on behalf of yourself and all other Indemnifying Parties, agree to this Indemnification Agreement, and to waive such rights.

I agree _____ (Initial)

Team Roswell Coordinator

If you have any questions and/or need advice and/or guidance along the way, please do not hesitate to contact the following Team Roswell coordinator:

Alexandria Hoaglund
Special Events Coordinator
Alexandria.Hoaglund@RoswellPark.org
(716) 845-4977

Form Submission

In order for your event to be considered, you must provide a signed, completed copy of this Form, which must include an initialed Indemnification Agreement. (See the "Indemnification Agreement" section of this Form for further details.) Once completed and signed/initialed, this Form can be submitted to the Alliance any one of the following ways:

By fax at: (716) 845-8705

By email at: Please send emails directly to a Team Roswell coordinator. (See the "Team Roswell Coordinators" section of this Form for further details)

By regular mail at: Roswell Park Alliance Foundation
Elm & Carlton Streets
Buffalo, NY 14263
Attn: Team Roswell

Acceptance

You hereby warrant that by signing the Form, the information, statements, responses, and representations that you have provided in and/or attached to this Form are true and accurate, and that such are material, important, and will be relied on by the Alliance and RPCI in reviewing and approving or rejecting the proposed event.

Name of Organization (If Applicable)

Signature of Authorized Person

Printed Name of Authorized Person

Title of Authorized Person (If Applicable)

Date of Submission