

Release, Hold Harmless and Indemnification Agreement



GREENVILLE
HEALTH SYSTEM

For valuable consideration, including the consent of Greenville Health System (GHS) to use its name and / or logo in promotional activities or materials, the undersigned, on behalf of the organization identified below, being authorized to do so, does hereby agree to release, hold harmless and indemnify GHS, its directors, officers, employees and representatives from any and all liabilities and claims of liability, of any nature whatsoever, arising out of, or in connection with, the event or activity conducted by the organization identified below in which the name and / or logo of GHS is used, including promotion of such event.

The undersigned agrees and expressly represents that GHS is not a joint venture with the undersigned organizer in the conduct of the event, that GHS is not involved in the management, conduct or sponsorship of the event and that GHS is merely a charitable beneficiary of a portion of the proceeds derived from the event.

Name of Organization

Signature of Authorized Person

Printed Name of Authorized Person

Title of Authorized Person

Date

Third-Party Event Proposal Agreement



By signing my name below, I state that I have read and agree to the Greenville Health System (GHS) Office of Philanthropy & Partnership (OPP) third-party event guidelines and that I understand what GHS can and cannot do to support third-party fundraising events. I understand that my signature does not mean GHS will approve my third-party event and that approval or denial of my third-party event will be made at a later date.

Event Organizer _____ Date _____

The above party has permission to use GHS logo and fundraise on behalf of Greenville Health System in the manner described in the third-party fundraising policy from date _____ to date _____.

Greenville Health System Representative _____ Date _____

Contact Amanda Lenar at (864) 797-7738 or ALenar@ghs.org with questions.

Please keep a copy and return the original fully completed application, along with signed liability waiver at least two months prior to the event to:

GHS Office of Philanthropy & Partnership
Attn: Amanda Lenar
300 E. McBee Ave, Suite 503
Greenville, SC 29601-2882

Once the application has been reviewed and returned to you with signature, you may proceed with planning and executing your fundraiser.