

## **INDEPENDENT COMMUNITY EVENTS**

Thank you for volunteering to improve the health of the many patients and residents of Huntsville and Madison Counties by raising funds for Huntsville Hospital Foundation (HHF). The Foundation defines an “Independent Community Event” as any fundraising activity by a non-affiliated group or individual, where HHF has no fiduciary responsibilities and little or no staff involvement. In order to enhance the success of our independent community events the following guidelines must be observed:

### General Guidelines:

1. Regarding promotion, HHF cannot be listed as a co-sponsor of an independent community event without prior consent. The official logo of Huntsville Hospital Foundation may be appropriately used in conjunction with such an event, but may not be altered in typeface, color or configuration.
2. HHF is not financially liable for promotion, production and/or staging of an independent community event. If event expenses are greater than the money raised, you are responsible for paying those expenses.
3. The individual, organization or business sponsoring the event will indemnify and hold harmless HHF and its employees, officers and Trustees from and against all claims, suits and causes of action arising out of the fundraising event.
4. Independent community event organizers will provide insurance certificates when requested.

### Financial Guidelines:

1. All promotional materials must clearly state the percentage of proceeds and/or the portion of the ticket price that will benefit HHF.
2. Any independent community event where an item of value is received in return (i.e. T-shirt, dinner ticket, race registration) shall have all checks written to the individual/organization and these donations would not be tax deductible. Payments made can be used to cover the event’s expenses. HHF is then to receive one check for the net proceeds within 30 days of the conclusion of the event and /or promotion.
3. For any donation written in which no item of value is received in return, the check may be written to HHF and the donation would be fully tax deductible.

### Staff Support:

Huntsville Hospital Foundation can provide assistance with:

1. General advice and suggestions on basic event planning
2. Promotion of your event to Huntsville Hospital employees and friends through regular advertising venues: social media, website and internal communications

Huntsville Hospital Foundation is not able to:

1. Provide assistance in soliciting donations, handling mailings, recruiting attendees or collecting monies

2. Coordinate or request publicity with print, television or radio media on behalf of your organization
3. Guarantee volunteers, Board or staff attendance at the event
4. Share any donor lists or contacts

## **INDEPENDENT COMMUNITY EVENT APPLICATION**

### **YOUR ORGANIZATION'S INFORMATION**

Date submitted \_\_\_\_\_

Individual/Organization/Company Name  
\_\_\_\_\_

Contact Name  
\_\_\_\_\_

Contact Title  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

City

State

Zip Code

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

### **EVENT INFORMATION**

Are there beneficiaries other than Huntsville Hospital, Huntsville Hospital for Women & Children, Madison Hospital or Huntsville Hospital Foundation?  Yes  No

If yes, who? \_\_\_\_\_

Name of Huntsville Hospital unit or fund benefiting from event  
\_\_\_\_\_

Will a corporate sponsor(s) be involved? Yes  No

If yes, how many? \_\_\_\_\_

Event Name \_\_\_\_\_

Event Description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Location \_\_\_\_\_

Event Date \_\_\_\_\_

Event Time \_\_\_\_\_

**AGREEMENT**

I have read the attached Independent Community Event Guidelines and agree to follow them with regards to holding the proposed event to benefit Huntsville Hospital Foundation. By publicly advertising with Huntsville Hospital Foundation as the recipient of the proceeds of this event, I agree to provide the full amount of the proceeds within 30 days of the event.

Submitted by: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Yes, I have attached the Event Waiver

Yes, I have read the Independent Community Event Guidelines

**We appreciate your support in making a difference in the lives of our patients!**

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**801 Clinton Ave. East  
Huntsville, AL 35801  
(256) 265-8077  
hhfoundation@hhsys.org**

# Independent Community Event Waiver

Name of Event \_\_\_\_\_

I, \_\_\_\_\_, (*independent community event representative*) intend to conduct a fundraiser to benefit **Huntsville Hospital Foundation**. I understand that Huntsville Hospital Foundation is a non-profit organization and has not allocated a budget for this event. I accept all responsibility for the event including expenses incurred by the event and any other liabilities related to the event or to the actions or inactions of \_\_\_\_\_ (*independent community event organization name*).

Income generated by the event may be used to cover reasonable expenses before proceeds are given to Huntsville Hospital Foundation. I understand that budgetary responsibilities should be completed promptly after the event and that our donation to Huntsville Hospital Foundation must be submitted to the Foundation within 30 days after the event. Should the event generate less income than its expense, Huntsville Hospital Foundation will not be responsible for any shortfall.

The \_\_\_\_\_ (*independent community event organization name*) agrees to RELEASE, INDEMNIFY and HOLD HARMLESS Huntsville Hospital Foundation against 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 independent community event may be held liable relating in any way, including without limitation, any breach or violation, negligence, unlawful act or acts of the independent community event. This includes any solicitor and client costs, attorneys' fees, expenses and liabilities incurred by Huntsville Hospital Foundation in any such suit, claim, theft, damage to property or person, demand, action or proceeding.

Independent Community Event Organization Name (in full):

\_\_\_\_\_

\_\_\_\_\_  
Signature, Title  
(Independent Community Event Representative)

\_\_\_\_\_  
Date