

Vendor Agreement Form

Event Details

Event Title:

Location:

Date:

Start Time:

End Time:

General Contact Information (Please Print)

Vendor Recognition Name (as it should appear in any marketing material)

Address

City

Zip code

Contact Name

Contact Phone Number

Contact Email Address

Point of contact for day of event (if different than above)

Point of Contact Phone Number

Point of Contact Email Address

The above named VENDOR agrees to defend, protect, indemnify, and hold harmless PARISH NAME Archbishop Dennis M. Schnurr and the Archdiocese of Cincinnati against and from all claims arising from the negligence or fault of the above named VENDOR or any of its agents, family members, officers, volunteers, helpers, partners, organizational members, or associates in connection with the operations of the above named VENDOR at the event hosted by PARISH NAME.

VENDOR agrees to provide a certificate of insurance to PARISH NAME., which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. VENDOR also agrees to have the PARISH NAME, Archbishop Dennis M. Schnurr and the Archdiocese of Cincinnati named as an "Additional Insured" on its general liability policy for the DATES OF THE EVENT in relationship to the VENDOR'S activities. It is agreed that VENDOR also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH NAME.

If and only if VENDOR fails to comply with the above (second) paragraph, then VENDOR agrees to protect, defend, hold harmless, and fully indemnify the above named PARISH NAME for any claim or cause of action whatsoever which takes place during the above identified DATE(S) OF USE that is brought against the PARISH NAME by the above named VENDOR or its employees, agents, guests, invitees, customers, partners, family members, organizational members, and associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents or the negligence of any other individual or organization not a party to this agreement. If any paragraph or sentence of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Authorized Representative: _____ **(print)**

Signature: _____

Date: _____

Parish/School Representative: _____ **(print)**

Signature: _____

Date: _____