

Vendor Agreement Form

PARISH name:

Event Details

Event Title:

Location:

Date:

Start Time:

End Time:

VENDOR Information (Please Print)

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

Address

City

Zip code

Vendor 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 the **PARISH**, Archbishop Robert G. Casey, 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 the PARISH.

VENDOR agrees to provide a certificate of insurance to the **PARISH**, 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**, Archbishop Robert G. Casey, the Archdiocese of Cincinnati and the **PARISH** 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 the **PARISH**.

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 **PARISH** 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** 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.

Vendor Authorized Representative: _____ (print)

Signature: _____

Date: _____

Parish/School Representative: _____ (print)

Signature: _____

Date: _____