Fund-Raising Event VENDOR AGREEMENT

This agreement is between:	
	and
Name of group/organization sponsoring the event	Name and address of vendor
Concerning the	to be held on
Event	Date (s)
	agrees to secure the space for the sale/event and for
Group/Organization sponsoring the event	
advertising at the Los Angeles General N	Medical Center.
	mes responsibility for the actual sale of goods, any
Name of Vendor	
•	its, all product liability, and a donation of 20% of the
	reater, to the Los Angeles General Medical Center
Foundation or CARES, the official L.A.	County auxiliary.
Furthermore,Name of vendor	agrees to indemnify, defend,
	Medical Center, The County of Los Angeles, and its
	Officers, employees and agents, from and against any
•	d to demands, claims, actions, fees, cost and expenses
	es, arising from or connected with vendor's act and/or
	this agreement. Vendor further agrees to provide proof
of general liability insurance of not less to	than \$1,000,000, which policy adds the County of Los
Angeles as an additional insured for all a	activities arising from this agreement.
Group/organization's representative	Vendor's Representative
Date	Date
Date	Date
Copy of General Liability Insurance and	Facility Use Permit received and reviewed by:
Reviewed and approved:	
Public Informat	tion Officer Date