



CODORUS STATE PARK



EAGLE PLUNGE
The Reason We're Freezin

Entertainment Agreement 2019

The Friends of Codorus State Park in partnership with the Spring Grove Regional Parks and Recreation Center (Sponsors) and the individual/organization/business described in Article 1 below (Entertainment) Vendor agree that subject to the terms and conditions of the Agreement, Vendor shall sell and / or exhibit only the products, services, and information specified and approved in Article 1, Paragraph 2 at the Friends of Codorus State Park and the Spring Grove Regional Parks and Recreation Center's Eagle Plunge, an event which the Sponsors coordinate in **Codorus State Park , PA on Saturday, January 26th , 2019 from 10:00AM to 2:00PM.(Snow Date February 2nd, 2019)**

Article 1: Entertainment Information

Individual/Organization or Business Name		
Contact Person		
Street Address		
City, State, Zip		
Telephone (Work)	Telephone (Home)	Email:

Description of services that will be offered at the event.

Total Payment Amount Due: _____	Type of Payment Preferred: _____
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Article 2: Terms and Conditions

Read carefully; fill in the blanks sign and return.

1. This agreement must be completed and signed by Vendor and returned to Sponsor(s) on or before **January 1, 2019** (for First Priority guarantee) with the appropriate fees and shall not be in effect until accepted and signed by Sponsor(s).
- 2 Vendor agrees to abide by the rules and regulations for the Codorus State Park Eagle Plunge Event and any changes there to shall be provided to Vendor prior to the start of event.
3. Vendor agrees to offer only services listed and approved by Sponsor(s) on page 1 of this agreement.
4. Vendor is responsible for supplying its own equipment, personnel, tables, chairs, signs, etc. and for maintaining all liability insurance and any other insurance that may be necessary.
5. Sponsor(s) is/are not responsible for Vendor's property.
6. Vendor agrees to indemnify and hold Sponsor(s), Sponsors' officers, volunteers and anyone associated with Sponsor(s) harmless from any and all loss or damage to Vendor, Vendor's employees or another person on Vendor's property attributable to any act or omission of Vendor or Sponsor.
7. Vendor agrees to abide by all boroughs, townships, state and federal rules applicable to it and its activities at the Codorus State Park Eagle Plunge Event(s).
8. This event will be held **Snow, Rain or Shine** and it's the Vendor's responsibility to be fully prepared for inclement weather. In the event of inclement weather *during* the Event(s) the staff will notify vendors of Event(s) ending time. If inclement weather causes cancellation of the Event(s) it will be rescheduled for **February 2nd, 2019**. All vendors will be contacted within 24 hours of original scheduled date if inclement weather causes cancellation.

Article 3: Termination

Sponsor(s) reserves the absolute right to terminate the Agreement in the event Vendor sells or attempts to sell any product or service other than those specified in Article 1 or breaches any of the regulations for the Codorus State Park Eagle Plunge Event(s). In the event the Sponsor(s) terminates the Agreement, Vendor shall immediately cease any activities at the Codorus State Park Eagle Plunge Event(s). and remove all equipment, personnel and other property from the Codorus State Park Eagle Plunge Event(s) venues and forfeit all fees paid to Sponsor(s).

Article 4: Payments

Payments will be made to vendors on January 26, 2019 in the form of a check for the payment agreed upon in Article 1. If another form of payment is preferred it must be specified in Article 1 before the event. If a deposit is required, please make Event Coordinator aware of this requirement.

Total Payment Due to Vendor: \$ _____ Deposit Amount (if required): \$ _____

Vendor Signature: _____ Date: _____

Sign and date agreement and mail with required documents to:

SGRPRC
50 N East Street, Suite 1
Spring Grove, PA 17362

Questions please call Kate King @ 225-9733 Ext. 3 or email springgroverec@comcast.net

_____ **OFFICE USE ONLY BELOW LINE** _____

Date of Acceptance: _____ Accepted By: _____

Additional Comments/Special Requests: _____

Payment Reimbursement: _____