



Afternoon Auxiliary to Royal Inland Hospital
311 Columbia Street
Kamloops, B.C. V2C 2T1
250-314-2331

Vendor Program Policies

Thank you for your interest in the Vendor Sales Program. Through this program the Afternoon Auxiliary to Royal Inland Hospital has been able to provide a unique array of items to our patients, staff, and visitors at the hospital.

Please find attached information on our Vendor Program, along with the Vendor Waiver. Upon receipt of the completed Waiver you will be included in our Vendor directory and will be contacted as appropriate space becomes available in our program.

It is the Auxiliary's goal to ensure that the Vendor Sales program is mutually beneficial and continues to generate much-needed funds for the Royal Inland Hospital.

Please do not hesitate to contact the Auxiliary Office at 250-314-2331 should you have any questions or concerns.

Sincerely,

Afternoon Auxiliary to Royal Inland Hospital

Encl.

SUMMARY

The goal of the Afternoon Auxiliary to Royal Inland Hospital's Vendor Program is to generate revenue through the sale of items provided by local artisans and small business entrepreneurs.

Items for sale will be required to be reviewed by the Afternoon Auxiliary for suitability.

Through this program the Auxiliary has been able to provide a unique array of items to our patients, staff, and visitors to the hospital and to continue to "raise money to enhance quality health care in the community of Kamloops".

All sales items are required to be on site and available at the time of purchase.

Scheduling:

Scheduling to be done through the Auxiliary's Vendor Program Convenor.

Each vendor will be allowed one sale per month. A sale may be 1 day or 2 consecutive days, that is Monday, Tuesday or Thursday, Friday.

Vendor Hours:

Hours will vary from 8:00 a.m. to 4:00 p.m. Monday, Tuesday, Thursday, and Friday

Excluded products from sales table:

- Scented products
- Stuffed animals
- Live flowers and floral arrangements
- Any items that are in direct competition with our Gift Shop
- Vitamins or food supplements

For all catalogue sales, orders or services initiated at the hospital and finalized later, the sales must be included in the 15% commission fee calculation.

Vendor Area:

There are two tables provided for the Vendor in the second floor information area.

Advertising:

A memo of the event will be advertised to the hospital staff via electronic mail. Vendor to supply posters for advertising the sale.

Liability:

The Afternoon Auxiliary to Royal Inland Hospital is not responsible for stolen or damaged merchandise while the Vendor is on the hospital site. The Afternoon Auxiliary to Royal Inland Hospital is not responsible or liable for any injuries or an accident occurring while the Vendor is on the hospital site, transporting or removing their products. The Vendor is responsible for notifying the consumer of potential health hazards surrounding their products, i.e. allergies pertaining to skin products. The Afternoon Auxiliary to Royal Inland Hospital accepts no responsibility for reimbursement associated with returned cheques and declined credit card payments.

The Vendor is responsible for transporting and removing the goods to and from the Vendor area in a safe and courteous manner.

Restricted Products:

Perfumed products are not to be sampled in the Vendor area due to the potential respiratory problems and allergies of patients and staff. Food products may not be included in your sales.

Parking:

Parking pass provided (Permit Only Area).

Dress Code:

Business casual.

Vendor Fees:

Commission Fees

- A minimum of \$50.00 per day or fifteen percent (15%) of total daily sales before taxes, whichever is greater. Payment is due and payable within ten days of vendor sale date(s).

Payment Policy

- Payment (cash, cheque) can be paid to the Afternoon Auxiliary to Royal Inland Hospital.

Please make payment to:

Afternoon Auxiliary to Royal Inland Hospital

311 Columbia Street
Kamloops, B.C. V2C 2T1
Attention: Vendor Program Convenor

Phone: 250-314-2331



Please sign and return to the
Afternoon Auxiliary to Royal Inland Hospital

WAIVER

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT IN consideration of the rental of the Vendor area at Royal Inland Hospital.

I hereby agree to as follows:

The Vendor and its staff agree to abide by the following Royal Inland Hospital rules:

- do not wear scented cosmetics or aftershave
- no smoking or consuming of alcohol
- no audio promotion or amplified music
- discreet consumption of food at the sales site is permitted

The Vendor is responsible for leaving the Vendor area in the condition that it was originally received, i.e. removal of all debris such as boxes.

All required licences and business permits must be current and available for inspection if required.

If any kind of draw or raffle is held in conjunction with this event either as a product or promotion as the focal point of the sales event, the Vendor is responsible for obtaining a license authorizing such an activity from the Provincial Gaming Commission. This license must be displayed at the sales area.

To waive any and all claims that I have or may have in the future against the Afternoon Auxiliary to Royal Inland Hospital, the Royal Inland Hospital, and their directors, officers, employees, agents, and representatives (all of whom are hereinafter collectively referred to as "the Releasees") and to the Releasees from any and all liability for any loss, damage, injury, or expense that I may suffer as a result, or arising out of any aspect of my use of the Vendor area due to any cause whatsoever, including negligence or theft, or in respect of the provision of the failure to provide any warnings, directions, instructions, or guidance as to the use of the Vendor area.

To hold harmless and indemnify the Releasees from any and all liability for any loss, damage, injury, or expense to any third party, resulting from the use of the Vendor area.

This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives in the event of my death or incapacity.

Vendor contact Information:

Phone Numbers:

Business _____ Home _____ Cell _____

Address: _____

Postal Code: _____

Email Address: _____

Web Site Address: _____