



**RIDGE MEADOWS
HOSPITAL FOUNDATION**
SUPPORTING THE BEST IN HEALTH

Merchant Application Form

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

Describe the product(s) that you sell: (this will be listed as your description on our website & weekly emails) _____

What are your price ranges: _____

Have you or do you sell at other vendor programs? Yes No

If yes, where and for how long? _____

What are your average daily sales? _____

How many years have been selling your products? _____

Merchant Guidelines

Commission Rate for Cash & Carry Merchants

- A commission of 15% of the total daily sales OR \$50 (**whichever is the higher amount**) will be submitted to Ridge Meadows Hospital Foundation within 10 working days of your Market Place date.

(This means -- If your sales for the day equal \$330 or higher, the commission would be 15% of your total sales, if your sales for the day equal lower than \$330, the commission would be the minimum \$50)

- Late payment may result in loss of future scheduled sales dates, and in removal from the Merchant program.

INITIALS: _____

Commission Rate for Service Provider Merchants

- A flat fee of \$75 will be submitted to Ridge Meadows Hospital Foundation within 10 working days of your Market Place date.

INITIALS: _____

Bookings

- The calendar year is booked at one time (January to December). However days can be changed as needed throughout the year.
- Booking priority (eg. Mother's Day, Christmas, paydays) is based on availability & commission levels paid to the Foundation previously.

Payment Options

- Cash or cheque (payable to Ridge Meadows Hospital Foundation) may be given or mailed to the Foundation office. Please label envelopes appropriately, including the date you were here.
- Credit cards payments are also accepted.
- Payment is required within 10 working days of your Market Place date.
- This payment is not eligible for an official tax receipt however; an acknowledgement of payment can be issued only at time of payment.

Cancellations

- Cancellations must be made no later than 24 hours prior to booking; failure to do so will result in being charged the minimum \$50.00 merchant fee.
- More than 2 cancellations per year will result in a review of the merchant and possible removal from the program.
- No-shows will result in automatic removal from the program.

INITIALS: _____

Hours of Operation

- The Market Place is open for bookings Monday to Friday from 8am to 5pm. These hours can vary, as long as the majority of the day is spent selling.
- The Market Place is closed weekends and statutory holidays.

Location

- The Market Place is located just inside the main entrance to Ridge Meadows Hospital.
- Merchants are **NOT** permitted to bring their own tables & must use those provided by the Foundation.
- The tables may be arranged in a configuration that works best for the Merchant, keeping within the Market Place perimeters as designated verbally by Foundation staff.
- An over generous size walk way must be kept clear in case of emergency.

INITIALS: _____

Parking

- Parking fees are the responsibility of the Merchant.
- All posted parking rules and restrictions will apply.
- Payment of parking violations is the responsibility of the Merchant.

Advertising

- Ridge Meadows Hospital Foundation posts a monthly Merchant Calendar on our website, as well as various locations throughout the hospital. Additionally, a weekly e-mail is sent to all hospital staff listing the week of upcoming Merchants.
- The posting of Merchant’s flyers or brochures anywhere in or outside the hospital by the Merchant is not permitted.

INITIALS: _____

Conduct

- Merchants must be respectful of staff, patients, volunteers and visitors while at Ridge Meadows Hospital.
- Respectful conduct includes maintaining professional behaviour at all times; aggressive behaviour and / or sales techniques will not be tolerated.
- All patient and visitor enquiries are to be directed to the Way Finder desk or Patient Registration.
- If you need to leave the merchant area, you do so at your own risk and we ask that you take cash and valuables with you.
- Merchants are not to have Foundation staff, hospital staff, patients, volunteers or visitors ‘watch’ their tables for breaks (food or washroom), etc.

INITIALS: _____

Restrictions

- The following products are not permitted:
 - Scented products
 - Latex balloons
 - Flowers and floral arrangements
 - Investments, insurance & real estate opportunities or other services
 - Catalogue sales
 - Vitamins and health supplements
 - Used or previously owned items

INITIALS: _____

Signed: _____

Date: _____

Merchant Agreement Form

The Merchant agrees to respect the comfort and well-being of our patients, visitors and staff by refraining from direct solicitation.

The Merchant agrees to underwrite all costs associated with the sales event. Fraser Health (Ridge Meadows Hospital or Ridge Meadows Hospital Foundation) will not incur any costs unless otherwise agreed in writing prior to the sales date(s).

The Merchant agrees to handle all monetary transactions for the sale and to submit the agreed upon proceeds within 10 working days of their Market Place date to the Foundation either by cash, cheque or credit card.

The Merchant understands that any subsequent booking will be based on the commissions submitted to Ridge Meadows Hospital Foundation, as described in the Merchant Guidelines, and that bookings are done 1 year at a time (January to December).

Ridge Meadows Hospital Foundation (Fraser Health) agrees to provide designated sales space near the main entrance to the hospital.

The Merchant and its staff agree to abide by the following Fraser Health (Ridge Meadows Hospital) rules:

- Restricted products are not permitted
- No smoking or consuming alcohol
- No audio promotion or amplified music (please have cell phones on vibrate)
- No animals except for qualified assistance dogs
- No scents as RMH is a scent free zone

The Merchant agrees to provide all staffing for this sales event. Parking and any subsequent costs are the responsibility of the Merchant.

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

I have read the Merchant Guidelines and agree to abide by the guidelines and the above outlined rules.

Signed: _____ Date: _____

* This agreement applies to any and all future dates *

Merchant Waiver Form

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the rental of the Merchant Area
at Fraser Health (Ridge Meadows Hospital).

I hereby agree as follows:

1. To waive any and all claims that I have or may have in the future against Fraser Health (Ridge Meadows Hospital or Ridge Meadows Hospital Foundation) and their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as “the Releasees”) and to release the Releasees from any and all liability for any loss, damage, injury or expense that I may suffer as a result of or arising out of any aspect of my use of the Merchant Area due to any cause whatsoever, including but not limited to negligence or theft; or in respect of the provision of or the failure to provide any warnings, directions, instructions or guidance as to the use of the Merchant Area.
2. 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 Merchant Area.
3. 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.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signature of Merchant

Date

Print Name

Phone

***Please mail, scan, fax or Drop off Completed Applications to:
Ridge Meadows Hospital Foundation
11666 Laity Street, Maple Ridge, BC, V2X 7G5
Attention: Maureen Pain
604-463-1822 tel
604-466-7978 fax
maureen.pain@fraserhealth.ca***