

SPONSORSHIP AGREEMENT

SPONSOR NAME (As you would like to be	e recognized)					
CONTACT*			PHO	PHONE*		
CONTACT				THORE		
ADDRESS*			FMA	EMAIL*		
ND NESS				VIL		
CITY	STATE ZIP		WEBSITE			
CITI	SIAIL	VIE ZII WEDSITE		SIIL		
SDANSARSHID LEVELS						
S P O N S O R S H I P L E V E L S PRESENTING SPONSOR SUPPORTING SPONSOR		G SPONSOR	COMMUNITY SPONSOR			
		SUPPORTING SPONSON				
Presenting Sponsor \$15,000 (Per Event)	Supporting Sp	onsor \$5,000 (Per Ev		Community Sponsor \$	51,000 (Per Event)	
Number of Event(s):	Number of Event(s)	Number of Event(s):		Number of Event(s):		
Event Date(s):	Event Date(s):		Event Date(s):			
Total:	Total:			Total:		
PAYMENT INFORMATION						
CHECK NOMake check payable to CITY OF IRVINE Submit payment to: Community Services - Special Events, ATTN: Wendy Brown P.O. BOX 19575, Irvine, CA 92623 CREDIT CARD (You will be contacted within 10 business days to provide credit card payment)						
A C K N O W L E D G M E N T S						
INSURANCE REQUIREMENTS - I ACKNO	WLEDGE AND AGRE	E TO THE FOLL	.OWIN	NG TERMS.	INITIALS	
 A. Comprehensive General Liability Insurance with limits of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate for liability arising out of Contractor's performance of this Agreement. The limits shall be provided by either a single primary policy or combination of policies. If limits are provided with excess and/or umbrella coverage the limits combined with the primary will equal the minimum limits set forth above. If written with an aggregate, the aggregate shall be double the each occurrence limit. Such insurance shall be endorsed to: Name the City of Irvine and the Orange County Great Park Corporation and their employees, representatives, officers and agents (collectively hereinafter "City and City Personnel") as additional insured for claims arising 						
out of Contractor's performance of this Agreement. 2. Provide that the insurance is primary and non-contributing with any other valid and collectible insurance or self-insurance available to City.						

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B. Workers' Compensation Insurance in accordant the Contractor providing any service in the per waive the insurer's right of Subrogation against t	formance of this agreement. Such ins	. ,
A statement on an insurance certificate will not be carrier is the State of California Insurance Fund (son the certificate of insurance.	•	•
INDEMNIFICATION - I ACKNOWLEDGE AND AGREE TO	O THE FOLLOWING TERMS.	INITIALS
Contractor shall indemnify, defend, and hold the City employees, representatives, officers and agents (coll against any and all actions, suits, claims, demands, j losses, penalties, obligations, expenses or liabilities (he person or entity arising out of the willful or negligarepresentatives or subcontractors in the performance is concurrent active or passive negligence on the part arising from the sole active negligence or willful misconstants.	lectively hereinafter "City and City Perudgments, attorney's fees, costs, dama erein "claims" or "liabilities") that may be ent acts, errors or omissions of Contra of any tasks or services for or on behalf of City and/or City Personnel, but excluded and contral	rsonnel") harmless from and ages to persons or property, be asserted or claimed by any actor, its employees, agents, of City, whether or not there ading such claims or liabilities nection therewith:
Contractor shall defend any action or actions filed in and expenses, including attorney's fees incurred in co		oilities, and shall pay all costs
Contractor shall promptly pay any judgment rendered	d against City or any City Personnel for a	any such claims or liabilities.
In the event City and/or any City Personnel is made a damages or other claims arising out of or in connection activities of Contractor, Contractor shall pay to City such action or proceeding, together with reasonable a	on with the negligent performance or any and all costs and expenses incurre	a failure to perform the work
By submitting an application, the applicant grants per the rights to, including without limitation, produce photographs and videos of applicant performers, aff other non-commercial purposes of the City of Irvi applicant.	e, publish, post on website, exhibit, a filiates, volunteers and booth/exhibit c	and otherwise make use of content for any publicity and
All participants are asked to respect each other and the political messages and solicitation.	ne mission of our events by utilizing the	e Open Public Forum area for
I ACKNOWLEDGE AND AGREE TO THE TERMS ABOV	/E.	
SIGNATURE*	DATE	
Please email your completed Sponsorship Application Sponsorship Application has been received, you will be Space is limited. For questions, please contact Wendy Br	e contacted by the Special Events team	-