

WHEATON PARK DISTRICT

	PERFORMANCE AG	GREEMENT	
Company/Entertainer: Go 4 It Entertainment	Name of Event: Fun Run in Color 2022	Address of Event: Memorial Park 208 W Union Ave	Event Day Details: One DJ:
DJ- Gabe Ortiz go4itentertainment@gmail.com 630-624-7768	Details (Date and Time): April 9, 2022 8A-Noon	Wheaton, IL 60187	Start line: 8:30-9:30A Moves to after party: 9:15-11:30A
	Set Up Time: Between 7-8A (Both DJ's)		Second DJ: Northside Park: 9-10A
Needs/Details: WILL NEED MICROPHONES: HIGH ENERGY/MUSIC MIX DJ's will provide Sound system.	Onsite Staff Name(s) Listed: Gala Ortiz Ben Bilter Cheuy Mallhi	Breaks: None Award Ceremony: Yes, check presentation Color Throw: DJ to help facilitate	Has your W9 been submitted? Yes No Has your COI been submitted? Yes No
This performance will be marketed on performance is cance or present that this performance is cance or presented in the event that this performance weather or additional cost, for a performance within wearth or the performance was also were well as the performance within wearth or the performance within wearth or the performance within wearth or the performance	elled by officials of the Wheaton Pa any other unsafe condition, Gabe	ark District "WPD" and Rotary Club o Ortiz and Go 4 It Entertainment will	be rescheduled, at no
Music shall not be offensive, vulgar, obscen imes conduct themselves professionally, co			Color. Entertainers shall at all

Entertainers are solely responsible for properly setting up their equipment and removing equipment. Race Organizers are not responsible for the entertainers' personal property and shall not be liable for any damages, lost, or stolen property. All cords, cables, equipment etc. must be properly and safely positioned so as not to create a trip hazard for patrons and staff.

To the fullest extent permitted by law, Gabe Ortiz and Go 4 It Entertainment shall indemnify and hold harmless the Race Organizers its officers, officials, employees, volunteers and agents from and against all claims, damages, losses and expenses, including but not limited to legal fees (attorney's and paralegals' fees and court costs), arising out of or resulting from the entertainers' activities; except to the extent caused in whole or in part by any negligent or wrongful act or omission of a party indemnified hereunder. Gabe Ortiz and/or Go 4 It Entertainment shall similarly protect, indemnify and hold and save harmless the Wheaton Park District, Race Organizers, its officers, officials, employees, volunteers and agents against and from any and all claims, costs, causes, actions and expenses including but not limited to legal fees, incurred by reason of Gabe Ortiz and Go 4 It Entertainment's breach of any of its obligations under, or Gabe Ortiz and Go 4 It Entertainment's default of, any provision of the agreement.

The Race Organizers reserve the right to cancel this agreement at any time for breach of this agreement, or for any reason other than breach of contract upon 7 days' notice provided to the entertainer.

Entertainer's Information

Signature	Printed Name		Date	Agreed Payment
		^ \\\	5000	·
	- Cabriel	Ortiz	2/10/22	\$1,000
	> Labrier		- 01 13 / acc	, ,

Authorized Signature for Entertainment**

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Signature Date 2/16/22	Signatur	5		Date	16/22

^{**}This agreement will be considered final upon the signature of Wheaton Park District's Executive Director, Michael Benard.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/15/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

R. 10	V. Nuccio & Associates Insurance 148 Riverside Drive	Brok	ers,	Inc.	PHONE (A/C, N E-MAIL ADDRE	Robert V o, Ext): (800) 3		com	FAX (A/C, No):	(818	3) 980-1595
То	luca Lake, CA 91602						SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: The Ar	merican Ins	surance Com	pany		21857
	JRED				INSURE					_	
	4 It Entertainment				INSURE	RC:		2 2			12 11 12 1
	011 W Quail Ct.				INSURE	RD:					
Pla	infield , IL 60544				INSURE	RE:					1 ec 11 1
					INSURE	RF:					
				NUMBER:				REVISION NUM	MBER:		
C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	REME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCCUMENT WITH	1 RESPE	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	i i	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	1 2 3
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	CLAIMS-MADE ✓ OCCUR	.		PEVD086888		0/1/2021	0/1/2022	DAMAGE TO RENT PREMISES	ED	\$	100,000
				v D000000				MEDICAL EXPENSE		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000
	OTHER:									\$	RE No.
Α	AUTOMOBILE LIABILITY	1		XPK80986655		8/1/2021	8/1/2022	COMBINED SINGLE	LIMIT	\$	1,000,000
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	OWNED SCHEDULED AUTOS ONLY			1 2 4 2 0 0 0 0 0 0				BODILY INJURY (Pe	er accident)	\$	-
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	E E
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
			1								
			i								
Add	cription of operations / Locations / Vehic fitional Insured: Wheaton Park Distr rt Time: 6:00am End Time: 11:30pi	rict							End Da	ate: 6/	4/2022
CE	RTIFICATE HOLDER				CANC	ELLATION	14° V		200		2 420
Wh	eaton Park District 2 E. Wesley St. eaton ,IL 60187				SHO THE	ULD ANY OF T	DATE THE	ESCRIBED POLIC REOF, NOTICE Y PROVISIONS.			
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Additional Insured - Managers or Lessors of Premises - CG 20 11 04 13

Policy Amendment(s) Commercial General Liability

Insured: Go 4 It Entertainment

Policy Number: XPK80986655

Producer:

Effective Date: 8/1/2021 to 8/1/2022

Certificate Number: PEVD086888

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Designation Of Premises (Part Leased To You):

102 E. Wesley St. Wheaton ,IL 60187

Name Of Person(s) Or Organization(s) (Additional Insured):

Wheaton Park District

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any **occurrence** which takes place after you cease to be a tenant in that premises.

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2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

This Form must be attached to Change Endorsement when issued after the policy is written. One of the Fireman's Fund Insurance Companies as named in the policy

Secretary

President

- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we

will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.