



SWITZERLAND CO. RECREATION, TOURISM & CONVENTION COMMISSION

AMBASSADOR REQUEST FORM

Name of Event/Project: _____

Event Organizer: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Date of Event/Project: _____

Number of Ambassadors Requested: _____ Approx. Number of Hours: _____

Are there age restricted activities, please list: _____

Ambassador Duties and Times Requested:

Duties: _____ Time: _____

Duties: _____ Time: _____

Duties: _____ Time: _____

Duties: _____ Time: _____

Duties: _____ Time: _____

Duties: _____ Time: _____

(Please use additional sheet if necessary.)

Additional Event Information: _____

Contact Signature: _____ Date: _____

Detail Coordinator Signature: _____ Date: _____

Approved Denied Reason: _____

For Office Use Only:	
Total SCT Ambassadors Participating _____	
Total SCT Ambassador Hours Worked _____	_____ x \$12 per hour _____
Total SCT Ambassador Payment Requested _____	Per Project Fee _____

SWITZERLAND COUNTY RECREATION, TOURISM AND CONVENTION COMMISSION
Tourism Ambassador Program Agreement

I. Parties

This is an agreement between the Switzerland County Recreation, Tourism and Convention Commission (the Commission), the entity created under Ind. Code § 6-9-18-5, and the organization described in Section III below (herein the Provider). The Commission and Provider are collectively referred to as the parties, and this Agreement is entered into pursuant to policies and procedures enacted by the Commission.

II. Terms

- A. The parties shall complete an *Ambassador Request Form* setting forth the date/time/location of the activity, the number of Ambassadors requested, the scheduled arrival/departure time, the duties the Ambassadors are expected to perform, and the amount the Provider shall receive as compensation.

- B. Provider agrees to provide the number of Ambassadors agreed to in the *Ambassador Request Form* for the duration of the event/activity. If the Provider is furnishing minor Ambassadors, the Provider agrees to furnish one (1) adult chaperone for every four (4) minor Ambassadors.

- C. Provider agrees to perform the requested duties in a prompt and professional manner in response to the instructions, directions and/or materials/plans furnished by the event/activity organizer. Failure to perform the requested services or engaging in conduct tending to hold the Ambassador Program in a negative light may be grounds for termination from the Ambassador Program. Provider agrees to notify the event/activity organizer, the Commission and the Detail Coordinator of any accident, incident or injury as soon as is practicable.

- D. Ambassadors are prohibited from consuming, serving, furnishing or dispensing any alcoholic beverages and shall not engage in any activity related to gambling. Provider agrees, and warrants, that Ambassadors are not individually compensated and the Commission shall remit all funds directly to the Provider within thirty (30) days of the event/activity. Provider is responsible for payment of any and all taxes due for funds received by its organization.

- E. The Commission warrants that Ambassadors are covered under the Commission's applicable insurance while performing at the event/activity location but not traveling to or from the event/activity location.

III. Provider Information

Name: _____
Address: _____
Telephone: _____ Email: _____

IV. Signatures

Agreeing to be bound by the terms herein and terms set forth in the Ambassador Request Form, the parties affix their signatures thereto.

Provider Name

Commission Detail Coordinator

Date

Date

Signature

Signature