



## Ambassador Program Commitment, Waiver and Release Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN (Required for background check): \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Title/Position: \_\_\_\_\_

Preferred Contact Method (circle one): Personal Email    Work Email    Work Phone    Cell Phone

As a Goodlettsville Ambassador, I agree that I:

- Will complete one required in-class training session and one tour of Goodlettsville;
- Will commit to participating in at least four Ambassador opportunities per year;
- Will keep the City of Goodlettsville (COG) and Goodlettsville Area Chamber of Commerce (COC) staff informed of any changes to my contact information;
- Will provide input to the COG and COC staff on how the Ambassador Program can be enhanced to further promote Goodlettsville effectively;
- Will uphold the status of the Ambassador Program by pledging to maintain the highest standard of personal conduct and ethics;
- Will not speak on behalf of the City of Goodlettsville or the Goodlettsville Area Chamber of Commerce at any time while upholding the responsibilities of an Ambassador
- Will follow all Ambassador Program rules and directives

*(sign on back of page)*

I do hereby understand the terms of this program and waive, release, and forever discharge the City of Goodlettsville and the Goodlettsville Area Chamber of Commerce, its officers, agents, employees, heirs, servants, and successors or assigns, from any and all actions, damages, injuries, claims and demands now existing or which may hereafter arise out of my organization's or my individual participation in the Goodlettsville Ambassador Program. This waiver shall bind the signer, its officers, agents, servants, volunteers, employees, heirs, and successors or assigns. One waiver can be kept on file and cover all events from the date on the form and going forward. Each individual participating must have at least one release form on file.

Furthermore, I give the City of Goodlettsville and Goodlettsville Area Chamber of Commerce permission to photograph/videotape me. I understand that the City of Goodlettsville and Goodlettsville Area Chamber of Commerce have my permission to use these photographs/videos for publicity purposes, without compensation or notice to me. I may revoke this permission only through written notice provided to the City of Goodlettsville or Goodlettsville Area Chamber of Commerce.

I understand that I may not be chosen to become an Ambassador, and that the relationship between the City of Goodlettsville and Goodlettsville Area Chamber of Commerce and the volunteers is an "at will" arrangement; it may be terminated at any time without cause by either myself or the City of Goodlettsville or Goodlettsville Area Chamber of Commerce.

I certify that I have reviewed and fully understand the City of Goodlettsville and Goodlettsville Area Chamber of Commerce's Ambassador Program Commitment, Waiver and Release Form.

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Printed Name

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Signature and Date

