

**ROCKFORD RIVER DAYS AMBASSADOR SCHOLARSHIP
CANDIDATE INTENT TO PARTICIPATE
AGREEMENT FOR CANDIDACY AND AMBASSADORSHIP**

I, _____, intend to run for the title of Rockford River Days Ambassador. I understand that this agreement is valid while I am a Candidate, as well as, the Rockford River Days Ambassador. I will comply with the following rules and regulations of the program. Should I violate any of the rules and regulations, I understand that my candidacy and/or title is subject to the Rockford River Days Ambassador Scholarship Committee and they will review and take action including requiring me to remove myself from the program.

_____ I will comply with all the laws of the city, state and country.

_____ I understand that I am representing the city and community of Rockford and should always act in a manner that is proper of a representative.

_____ I will not consume any alcoholic beverages or use any illegal drugs. I understand that consumption of alcohol and/or use of illegal drugs are not only a violation of state law, but it is a violation of the Rockford River Days Ambassador Scholarship rules and regulations.

_____ I understand that the use of tobacco products of any kind are prohibited while I am at an official function of the Rockford River Days Ambassador Scholarship program, or while I am representing the community of Rockford as an Ambassador. I understand that if I am over the age of 18 it is not against the law, however it is against the Rockford River Days Ambassador Scholarship rules and regulations.

_____ I meet the qualifications listed below:

- I am a young woman who is at least 17 years of age but not more than 22 years of age (as of July 15, 2022) and must graduate from high school by the year 2023.
- I live or attend school in the Rockford School District (past Rockford Graduates are included).
- I am not and never have been married.
- I am not pregnant, nor do I have or have had, any dependents.

_____ I understand that co-habitation is not permitted during my candidacy, or during the year in which I hold a title.

_____ I will represent the community of Rockford to the best of my abilities.

_____ I understand that the Rockford River Days Ambassador Committee will use my name, likeness, picture and other of my personal characteristics in connection with Rockford River Days festivities and events.

_____ I agree that if I am given the title of Rockford River Days Ambassador, I will give up all other titles immediately and agree not to enter any other contests. With the exception of the Queen of the Lakes program for the Aquatennial during my reign.

_____I understand the Rockford River Days Committee has a three strike policy for any issues of insubordination that may occur. First a verbal warning, followed by a written, then removal of my crown and full scholarship.

By signing below, I indicate that I have read and understand all of the above rules and regulations and will comply with each of them.

Printed Name

Signature and Date

(To be signed before entering the program)

Signature and Date

(To be signed once given the title)

**ROCKFORD RIVER DAYS AMBASSADOR SCHOLARSHIP
PARENT AGREEMENT FOR CANDIDACY AND AMBASSADORSHIP**

_____As a parent, or legal guardian, I have read the above agreement. I understand that as a parent of an Ambassador, I agree to make sure that my daughter will comply with the rules and regulations.

_____As a parent, or legal guardian, I understand that my participation is vitally important to the success of the program. I will make an effort to assist in maintaining the Rockford River Days float. I will participate in as many events as possible including taking my turn in driving the float in registered parades, attending fundraising events and chaperoning. If I am unable to attend an event with my daughter, I understand she does need a chaperone and will help ensure she has one.

_____As a chaperone I will comply with our rule of no smoking or drinking while chaperoning the Ambassadors at events.

I allow my daughter to be chaperoned and transported by the Rockford River Days Ambassador Committee. I agree to inform the Committee of any medical conditions or known allergies.

Printed Name

Signature and Date

(To be signed before entering the program)

Signature and Date

(To be signed once given the title)