

KINGDOM PROMOTIONS AGREEMENT

FOR NON-PROFIT GROUPS

The good faith agreement for non-profit groups is made and entered into as of ____/____/____, between _____ and Kingdom Promotions. Its purpose is to avoid misunderstandings, thereby maintaining unity in our relationship.

Covenant Re: Liability

It is understood that Kingdom Promotions is not responsible for any damage or injury to Organization, its volunteers, representatives or its property. **Your organization is responsible for your own insurance.**

Covenant Re: Client Relationships

It is understood that work opportunities are provided by Kingdom Promotions; therefore, Organization and volunteers will abstain from verbal or written communication that pursue work assignments.

Covenant Re: Donations

It is understood that **Organization is given a donation** for their volunteer labor by Kingdom Promotions and the basis for that donation is agreed upon before the assignment is accepted. **No money** needs to be discussed with the Client. **The Client has an agreement with Kingdom Promotions, NOT the Organization.** Therefore, if there are any questions or concerns about financial matters, **Kingdom Promotions is to be contacted.**

Covenant Re: Time Sheet

It is understood that the Organization **will keep a record of volunteer hours worked**, and have it signed by an **Official Representative of Organization**, and by the **Official representative of the Client** at the event, then send a copy to Kingdom Promotions. This is the Organization's verification of the hours worked, and the documentation Kingdom Promotions needs to send the donation in a timely manner. To avoid confusion, any disagreements or disputes about the time sheets should be settled on site before the sheet is authorized by signatures.

Covenant Re: Volunteer Group Conduct

It is understood that Organization will not partake of promotional offers at the event and will represent themselves in a professional way.

KINGDOM PROMOTIONS

Name: Joshua Hanson Title: Director

Address: 604 Court, St.

Clay Center, Kansas 67432

Signature: _____

Name: _____ Title: _____

Address: _____

Organization: _____