



Philly Team Handball



2019/20 Participation Contract

Providing the opportunity to play team handball in Philadelphia area is more than just a task for a few.

The club would request to each registered player to offer at least five (5) hours of their time to different club task to support the development of the club and the sport the Philadelphia area. Players who fulfill the volunteering hours may be considered eligible for (financial) help from the club (e.g. travel support, coaching or areas to keep developing the sport).

Register as a volunteer:

- These are the areas to collaborate: Colleges, Disciplinary, Coaching, Referee, Athletic, Table for games, Public Relations, Beach Handball, Competition, Youth, Sponsoring, Olympic, Admin, Organize, Founding, Technology, Other.
- You can register here: <https://airtable.com/shrj9W35LaDUXkJyP>

Please sign and return a digital of physical copy of this form with your registration.

I understand that participation is a request in solidarity with the club and that I should volunteer at least five (5) hours of my time in the season to different tasks assigned by the club to support the development of Philly Team Handball and/or Team Handball in the Philadelphia Area.

I understand there are many options for participation and can find most of these options listed above.

I understand that if I do not fulfill my five (5) hours of volunteering requirement, I won't be eligible to any financial help from the club during the season.

By signing my name I acknowledge that I understand and agree to the above responsibilities.

Signature _____

Print Name _____

Date _____



Philly Team Handball



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL LEGAL LIABILITIES FOR ACCIDENTS/INJURIES AS WELL AS OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THESE HANDBALL EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that the use of tobacco products is prohibited on any Philadelphia Parks & Recreation premises or facility used by members or spectators of Philly Team Handball and Sport Vibes.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. I agree to provide full restitution to Philadelphia Parks & Recreation and to event holder Sport Vibes for any damages, thefts, losses, or costs to the City that may occur during the permitted activity including, but not limited to, restitution for damage to any property or equipment borrowed from the City or Philly Team Handball.

In consideration of my application and permitting me to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Sport Vibes, Philly Team Handball, the City of Philadelphia, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons aforementioned from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Sport Vibes, Philly Team Handball, the City of Philadelphia and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for promotional, training, and any other legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. I waive any rights, claims, or interest and I understand that there will be no financial or other remuneration.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name (please print legibly)

Participant's Signature

Date

Parent/Guardian's Name (please print)
(If under 18 years old, Parent or Guardian must also sign.)

Parent/Guardian Signature

Date