

Member, United States Olympic & Paralympic Committee

USA TEAM HANDBALL

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("RELEASE")

AND RECORDING RELEASE

READ THIS DOCUMENT CAREFULLY. BY SIGNING, YOU AGREE TO BE LEGALLY BOUND BY THESE TERMS.

In consideration of being permitted to participate in any way in USA Team Handball sanctioned events and activities (the "USATH Activities"), I and/or my minor child and our personal representatives acknowledge and willingly agree that:

- 1. I will comply with stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation in the USATH Activities, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,
- 2. I acknowledge and fully understand that I and other participants in the USATH Activities will be engaging in activities that involve risk of serious injury, including permanent disability and death, TBI/Concussion, verbal and psychological harassment, exposure to inappropriate language and conduct, and severe social and economic losses which may result from the actions, inaction or negligence of the participants and others involved in the activities, the rule of play, or the condition of the premises or any equipment used. Further, I accept personal responsibility for the damages that may result from such injury, permanent disability or death; and,
- 3. I knowingly and freely assume all such risk, either not known to me or not readily foreseeable at this time; even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless the U.S. Olympic and Paralympic Committee ("USOPC"), USA Team Handball, and the Local Organizing Committee, and affiliated clubs and their respective officers, officials, staff, administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the USATH Activities (collectively, the "Releasees") with respect to all and any injury, disability, death or loss or damages to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I further agree that if, notwithstanding this Release, anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
- 5. I understand and agree that the International Handball Federation Anti-Doping Rules and U.S. Anti-Doping Agency Protocol for Olympic and Paralympic Movement Testing (USADA Protocol) and all other



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policies and rules adopted by the International Handball Federation, USADA, and the USOPC apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing at any time and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of the International Handball Federation and/or my national federation, if applicable or referred by USADA.

- 6. I further acknowledge that I have procured on my own and currently hold valid and adequate insurance for such loss, damage and injury and if I do not have valid and adequate insurance I accept personal responsibility for the cost of such loss, damage or injury that occurs as a result of my participation in the USATH Activities.
- 7. I do hereby grant to each of the Releasees, their assigns, licensees, representatives, and contractors the royalty free, irrevocable and perpetual right to record, photograph, visually identify or otherwise use, reproduce, modify or edit as desired, my voice, performance, appearance, likeness, photograph, name and/or biographical information (collectively, my "Appearance") on film, video and/or audio tape, still photography and/or otherwise (collectively, the "Recording") in connection with the USATH Activities and agree that the Releasees shall own all right, title and interest to the Recording, including copyrights, and shall have the worldwide, royalty-free, perpetual right to exhibit, distribute, transmit and/or otherwise exploit my Appearance and/or the Recording, edited or altered, in whole or in part, as the Recording Parties may see fit, in all media, now known or hereafter developed, for any purpose, whether commercial (including, without limitation, advertising, publicity, promotion or marketing) or noncommercial. The rights granted by me hereunder are granted in perpetuity and no compensation or further consideration will be payable to me at any time in connection therewith. I will have no right of consultation or approval in connection with the rights granted hereunder.

I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.



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I hereby certify that I am at least 18 years of age and execute this Release freely and knowingly with full understanding of its content and effect. OR
I am the parent or guardian of the child (under 18 years of age) whose name appears below; this child has my permission to participate in the USATH Activities under the conditions stated above; and I execute this Release, in my capacity as parent or guardian, for myself and on behalf of this child, freely
and knowingly, with full understanding of its content and effect.
Signature:
Printed Name:
Child's Name (if applicable):
Address:
Date: