



Scholarship Agreement

Purpose

Through contacts with high school coaches, teachers, guidance counselors, and previous Handshake America participants, the Program identifies local student-athletes with good character who would benefit from coaching for success in life by experienced professionals, known as Handshake Coaches, from various specialties and industries.

The Handshake Coaches personally contribute toward the scholarship program for the student-athletes and commit to attend various coaching sessions during the calendar year. Sessions discuss the need for Perseverance, Passion, Positivity, People, and Presence (known as the Handshake Five Practices or 5Ps) and the simple importance of a firm handshake while looking a person in the eye.

Student-Athletes

There will be eight sessions throughout the year for the student-athletes (and their coaches) to attend. Student-athletes will do their best to attend every session and will come prepared and actively participate.

- If you cannot attend a session, you need to notify your coach as far in advance as possible.
- If you need a ride to a session, please call your coach in advance and a ride will be arranged.
- If you have more than one unexcused absence, your scholarship may be forfeited.

There may also be incremental supplemental opportunities to meet with coaches and other Handshake student-athletes for optional participation.

Coaches

Coaches will do their best to attend every session and will come prepared and actively participate . If a coach is unable to attend a session, he/she should inform his/her student-athlete as far in advance as possible.

Scholarships

Upon completion of the program, student-athletes will be eligible to receive a scholarship in support of his/ her continued education after high school. The scholarship will be in the amount of \$1,000. Once the student-athlete has enrolled in a college, the funds will be paid directly to the college or university.

I understand these terms and am committed to participating in The Handshake Scholarship Program.

Student-Athlete Signature & Date

Coach Signature & Date (sign at Kick-off)

Student-Athlete Printed Name

Coach Printed Name



Release Form & Permission to Participate
Permission To Participate and Use Photos & Video

I, _____, give Handshake America (herein, “HSA”), its employees, designees, agents, independent contractors, legal representatives, successors and assigns, and all persons or departments for whom or through whom it is acting, the absolute right and unrestricted permission to take, use my photo & video and/or publish, reproduce, edit, exhibit, project, display, through any form of media (print, digital, electronic, broadcast or otherwise) for art, advertising, recruitment, marketing, fund raising, publicity, archival or any other lawful purpose.

I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or my child(ren) or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the product.

I release and agree to hold harmless HSA, its officers, employees, faculty, agents, nominees, departments, and/or others for whom or by whom HSA is acting, of and from any liability by using the photography & video, in any processing tending towards the completion of the finished product, and/or any use whatsoever of such pictures or products, whether intentional or otherwise.

I understand that all photo & video remain the property of HSA and cannot be used while not employed at HSA (websites, social media, bios, etc). Photos & videos are branded for HSA and its promotional activities only.

I hereby warrant that I am of full age and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution, and I am fully familiar with the contents of this document. This document shall be binding upon me and my heirs, legal representative and assigns.

Signature of Adult Student (18+):

Signature of Parent/Guardian (if student is under 18):

I certify that I am the parent or legal guardian of the above mentioned student. I hereby agree to the above and authorize my child to participate in Handshake America.

Student Name (printed):

Date: