

## **PARTICIPANT COMMITMENT FORM**

**Event:** Sphere Training

**Dates:** 22<sup>nd</sup> of March to 27<sup>th</sup> of March 2020

**Location:** Lebanon, Beirut

### **Acceptance of Terms and Conditions**

The following terms and conditions apply to all companies and or persons or other entities (“you”) that are attending any training or workshop organized by Aktion Deutschland Hilft and Johanniter-Unfall-Hilfe e.V.. Please ensure you have read and understand the following:

### **General Terms and Conditions**

You must comply at all times with the health and safety policy of the venue. You must comply with all requests from us or the venue with regard to health and safety and failure to do so will result in you being asked to leave the training (where payment has been made, no refund will be provided). You may not bring any equipment or items of a hazardous or dangerous nature to the training.

Whilst every reasonable precaution is taken by us to ensure security and safety at the workshop, you must keep your personal belongings with you at all times and we accept no liability for any damage to, loss of or theft of any of your belongings or other items brought to the Workshop by you.

**Photography and filming:** In conformity with the General Data Protection Regulation (GDPR), we reserve the right to photograph or film the Workshop for the purposes of promoting future workshops or otherwise. You consent to us (or any other person attending the Workshop) photographing or filming you and any persons attending the Workshop with you.

**Force Majeure:** Aktion Deutschland Hilft shall not be held responsible for any delay or failure in performance of its obligations hereunder to the extent such delay or failure is caused by fire, flood, strike, civil, governmental or military authority, acts of terrorism, acts of war, epidemics or acute outbreaks of communicable disease, the availability of the location for the Event or other similar causes beyond its reasonable control.

### **Cancellation:**

The workshop is free of charge, therefore, all cancellations or substitutions must be made in writing, at least 10 full working days before the start of the event. Any cancellation made less than 10 full working days before the event will be charged at 100% of the full payable fee which is 2000 USD per participant. Non-attendance will be deemed as cancellation and 100% of the payable fee will be charged.

**Certificate of participation:** Participants of our courses and seminars will receive a certificate of participation if they have attended at least 95% of the modules. The course will be delivered

#### **Mitgliedsorganisationen**

action medeor e.V.  
ADRA Deutschland e.V.  
Arbeiter-Samariter-Bund Deutschland e.V.  
AWO Arbeiterwohlfahrt Bundesverband e.V.  
CARE Deutschland-Luxemburg e.V.  
Habitat for Humanity Deutschland e.V.  
HELP – Hilfe zur Selbsthilfe e.V.  
Islamic Relief Deutschland e.V.  
Johanniter-Unfall-Hilfe e.V.  
Malteser Hilfsdienst e.V.  
World Vision Deutschland e.V.  
Zentralwohlfahrtsstelle der Juden in Deutschland

Der Paritätische Wohlfahrtsverband  
- arche noVa e.V.  
- Bundesverband Rettungshunde e.V.  
- Freunde der Erziehungskunst Rudolf Steiners e.V.  
- Hammer Forum e.V.  
- Handicap International e.V.  
- HelpAge Deutschland e.V.  
- Kinderhilfswerk Stiftung Global-Care  
- LandsAid e.V.  
- SODI - Solidaritätsdienst-international e.V.  
- Terra Tech e.V.

**Spenden-Hotline: 0900 55 10 20 30**  
(Ihr Anruf ist gebührenfrei aus dem dt. Festnetz)

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in English.

**Organization commitment:**

The organization commits to the following: the nominee will be released from the organization during the above dates to attend the training. The organization further commits to pay up any chargeable fees arising from cancellation as indicated above.

I hereby affirm I have read the Participant Commitment Form guidelines and accept the terms therein.

**PART I - To be completed by the Applicant:**

Name of Participant:		
Organization:		
Designation:		
Email:		
Sign:		Date:

**PART II - To be completed by the Applicant's Supervisor / Line manager:**

Name:		
Organization:		
Designation:		
Email:		
Sign:		Date:

**[Official Organization Stamp/Seal]**