

[Add Description of activity here and along with any other descriptive information or dates, as appropriate]

In consideration of being allowed to participate in any way with this activity and any related events and activities, I, _____, the undersigned, acknowledge and agree that:

1. The risk of injury from the activities in this program is significant, including permanent paralysis and death, and while specific rules, equipment, and personal responsibility may reduce the risk of serious injury, I knowingly and freely assume all such risks, known and unknown, even those arising from the negligence of others, and I assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during participation, I understand that it is my responsibility to remove myself from participation and bring such to the attention of the nearest official immediately.
3. My participation in this activity is completely voluntary and is not required as part of my course of study, and, if I am an employee, is not required as part of my employment.
4. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS, HOFSTRA UNIVERSITY, its trustees, directors, officers, employees, servants, representatives, and agents from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from illness (including but not limited to illness resulting from the COVID-19 virus), injury, and/or death of any person or damage to or loss of any property arising out of or in any way connected with this activity and my participation therein.
5. I understand that I am solely responsible for any and all expenses related to illness, injuries, and/or loss or damage of personal property incurred in connection with my participation in the activities in this program.
6. I agree that photographs, whether still or action, videos, film, and/or motion pictures (hereinafter "Pictures"), and/or audio recordings ("Recordings"), may be taken of me by or on behalf of Hofstra University and in connection with this Activity, and, without any compensation or further notification or approval by me, grant to Hofstra University, its agents, employees, and others working on Hofstra University's behalf ("Hofstra") the unlimited, perpetual, worldwide, unconditional, and irrevocable right and license to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, make commercial use of, and otherwise use directly

or indirectly the Pictures, Recordings, and/or my image, voice, likeness, and/or video footage in any form, format, or media ("Media"), for any purpose, including but not limited to advertising or trade or University-related activity in promoting or providing information about University and its educational services and agree that all rights therein shall irrevocably, exclusively, unconditionally, and perpetually belong to Hofstra University.

7. I hereby agree to release and discharge Hofstra University, its officers, representatives, employees, agents, licensees, successors, and assigns from any and all claims, demands, or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright, or violation of any other right arising out of or relating to any utilization of the Pictures, Recordings, or Media.

I hereby warrant that I am eighteen (18) years of age or older and competent to contract in my own name insofar as the above is concerned or that if I am under eighteen (18) years of age, my parent or legal guardian has reviewed and signed this release of liability and assumption of risk agreement.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature

Print Name

Participant's Phone Number/Address/Email Address

Emergency Contact Name and Relationship

Emergency Contact Phone Number

PARENTS/GUARDIANS OF MINOR AGE PARTICIPANTS

I, _____, as parent/legal guardian for participant, consent and agree to participant's release as stated above, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Hofstra University, its trustees, directors, officers, employees, servants, representatives, and agents from any and all liabilities associated with my minor child's participation to the fullest extent permitted by law.

Parent/Guardian Name (Please print.)

Parent/Guardian Signature

Parent/Guardian Address and Phone Number

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9/2021