

# **Hofstra University**

## **Study Abroad Programs**

### **Publicity Release**

I hereby agree, beginning as of the date of execution of this Release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures"), and/or audio recordings ("Recordings"), may be taken of me, individually or with others, by or on behalf of the University in connection with the Program and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to the University and that such rights are freely assignable by the University.

I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings may be used, reproduced or otherwise disseminated or published by or on behalf of the University directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that the University desires.

For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree on behalf of myself, to release and discharge the 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 or Recordings.

I have read the foregoing before affixing my signature below, and warrant that I fully understand the contents thereof.

---

Signature of Student

---

Date

**If student is under the age of 18, parental consent is required.**

The undersigned parent or legal guardian of the above named student, hereby consents to the participation of the student in the Program and acknowledges understanding and agreement with the foregoing statements.

---

Signature of Parent/Legal Guardian

---

Date