

HOFSTRA SIBLINGS DAY

Saturday, February 23, 2019

Hofstra Siblings Day is a **FREE** fun-filled day sponsored by the Resident Hall Association, Parent and Family Programs, and Commuting Student Services and Community Outreach. Hofstra students may host up to two siblings or relatives ages 8-17 and are responsible for and must accompany them at all times. Siblings aged 8-12 may participate in the program until 9:30 p.m. on Saturday, February 23. Families may pick up siblings aged 8-12 at any point of the day but no later than 9:30 p.m. Resident students' siblings aged 13-17 may stay overnight at their Hofstra student's residence hall room, provided the student receives their roommates' and/or suitemate's consent by filling out the [Overnight Guest, Roommate Acknowledgement Form](#). Transportation to campus is not provided.

To register for Siblings Day, please send us the form below. Your handwritten signature is required – please print, complete, and scan and email, fax, or mail the **signed Acknowledgement and Release Form below** to Parent and Family Programs. Please register by Friday, February 15, 2019.

Parent and Family Programs contact information:
200 Phillips Hall
128 Hofstra University
Hempstead NY 11549

email: parents@hofstra.edu
Fax: 516-463-2447

Please note that, if applicable, your **Hofstra student** needs to submit a completed and signed roommate/suitemate permission form.

Guests must follow Hofstra's Student Conduct Code, as described in [The Living Factor](#). If the sibling does not comply with behavioral expectations, parents may be contacted to pick up their child at any point during the weekend.

IMPORTANT INFORMATION

- Siblings must be between ages of 8 and 17. For safety reasons, students may only host up to two siblings/family members, and only siblings ages 13-17 may sleep over in the student's residence hall room.
- Students are responsible for their guests and must accompany them at all times.
- Siblings of any gender, ages 13-17, may stay in their Hofstra students' residence hall rooms with their roommates' permission.
- No sleepover supplies are provided.

TENTATIVE SIBLINGS DAY PROGRAM

1 p.m. Registration
1-3:45 p.m. Fun Carnival
4 p.m. Hofstra Men's Basketball Game
6-7:30 p.m. Dinner (not provided)
7:30-9:30 Family Movie
9:30 Pickup of siblings ages 12 and under
Saturday to Sunday: Sleepover for resident students/siblings ages 13-17
Sunday: pickup as per family's convenience

HOFSTRA SIBLINGS DAY
SATURDAY, FEBRUARY 23, 2019

Acknowledgment and Release

Please print out, sign, scan and email to parents@hofstra.edu or mail to the Office of Parent and Family Programs.

Name of Participant: _____

Address: _____

Date of Birth and Age: _____

Name of Parent/Legal Guardian: _____

Address of Parent/Legal Guardian: _____

Hofstra Siblings Day program ("Program"), as described on page 1, will take place on Saturday, February 23, 2019. Please read, sign, and return this form before participation in the Program. Participants will not be allowed to participate unless this form is signed and returned prior to commencement of Program.

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- I am the parent/legal guardian of the above Participant.
 - I give permission for my child to participate in this Program. I have read and agree to all the information in the Program description.
 - I understand and agree that my child will comply with the University's rules, standards and instructions. I understand that the University and its agents and employees have the right to enforce its standards and may at any time terminate my child's participation in the Program for failure to maintain these standards or for any conduct which the University or its agents consider to be incompatible with the interest and welfare of my child, the other participants or the University.
 - I understand and hereby acknowledge that I, on behalf of my child, myself and my family, assume all risks incurred from my child's participation in the Program.
 - I understand that I am responsible for my child's medical or medication needs and further agree that in an emergency and/or if I cannot be reached, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my child's health and safety. I authorize the University, its agents and employees, to place my child, at their discretion and without my further consent, in a hospital

or in the care of a medical professional for medical services and treatment. I understand that I will be responsible for any fees and expenses for any service and/or treatment.

- I understand that I am solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with my child's participation in the Program.
- In consideration of my child being allowed to participate in the Program, on behalf of my child, myself and my family, I hereby release and agree to hold Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless 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 injury and/or death of any person or damage to or loss of any property arising out of or in any way connected with the Program and my child's participation therein.
- 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 my child by or on behalf of Hofstra University and in connection with this Program, and, without any compensation or further notification or approval by me or my child, grant to Hofstra University, its agents, employees, 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 child's 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.

I hereby agree on behalf of myself and on behalf of Student, 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 Student 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 agree to pick up my child aged 8-12 by 9:30 p.m. Saturday, February 23, 2019.

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

Signature of Parent/Legal Guardian

Date

Signature of Witness

Date

Address of Witness

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