



Campus
Recreation

Hofstra University – Campus Recreation

NAME OF CLUB SPORT/GROUP: _____

DATE(S) OF EVENT (include year): _____

NOTICE TO ALL PARTICIPANTS

Please be advised that you are participating in the above Club Sport/Group **at your own risk**. You are solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with your participation and any travel associated with such participation. Further, you 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 your participation.

ACKNOWLEDGMENT AND RELEASE

By signing this document I acknowledge that I am participating individually and at my own will. I 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 Hofstra University in connection with this club sport/group, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University and that such rights are freely assignable by Hofstra 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 Hofstra 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 Hofstra University desires.

For good and valuable consideration, receipt of which is hereby acknowledged, 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 or Recordings.

I hereby warrant that I am eighteen (18) years of age or older and competent to contract in my own name in so far 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 Notice, Acknowledgment and Release.

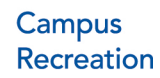
I have read the foregoing before affixing my signature below, and warrant that I agree with and fully understand the contents thereof.

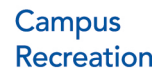
Date _____

PRINT NAME

SIGN NAME

Witness Name

**Witness Name**[illegible]



Witness Name

[illegible]