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## Passenger Acknowledgment of Risks and Release

### Hofstra University

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#700 Number : \_\_\_\_\_

Hofstra University ("University") offers certain students, approved as University Vehicle student drivers, to drive University vehicles in connection with voluntary, extracurricular activities ("Activity" or "Activities"). Certain potential risks to personal health and safety are associated with vehicular travel. As a passenger to a vehicle driven by a University-approved student driver, you should not engage in this activity unless you are willing to accept the associated risks. Hofstra University cannot guarantee the health and safety of individuals using University vehicles.

Please read, sign and return this form before using University vehicles in connection with a voluntary, extracurricular activity.

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- I have read the Lawrence Herbert School of Communication - Hofstra Vehicle Student Drivers Policy [FORM B] and understand that there are certain risks associated with vehicular travel and that the University, its agents and employees cannot control these risks.
  - I understand that my participation in this activity is completely voluntary and is not required as part of my course of study.
  - I understand that the University is not in a position to guarantee my personal health or safety during this Activity.
  - I understand and hereby acknowledge that I assume all risks incurred by my participation in the Activity.
  - 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 participation in the activities in this program.
  - I agree that the University is not responsible for my welfare during periods of independent travel or absence or separation from the Activity.
  - I understand that should I encounter any personal legal problems, the University is not responsible for providing any assistance in such circumstances.

- In consideration of being allowed to participate in the Activity, 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 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.
- I have read the foregoing before affixing my signature below, and warrant that I fully understand the contents thereof.

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Signature of Student

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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 Student participating in the Activity as a passenger of a University-approved student driver, as detailed above, and acknowledges understanding and agreement with the foregoing statements.

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Signature of Parent/Legal Guardian

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Date