

Hofstra University
Department of Athletics
WOMEN'S SOCCER
Acknowledgment and Release

Name of Participant: _____

Address: _____

Date of Birth: _____

Name of Parent/Legal Guardian: _____

Address of Parent/Legal Guardian: _____

Program name, description, location, dates, etc. ("Program").

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.

-
- I am the parent/legal guardian of the above Participant.
 - I give permission for my child to participate in this Program.
 - 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, beginning as of the date of execution of this Acknowledgment and Release, 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, individually or with others, by or on behalf of Hofstra University in connection with this Program, 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 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