

**Publicity Agreement, Acknowledgment and Release**

I, the undersigned (“Releasor”), agree that photographs, whether still or action, videos, film and/or motion pictures (hereinafter “Pictures”), and/or audio recordings (“Recordings”), may be taken of Releasor by or on behalf of Hofstra University on behalf of the Hofstra-North Shore LIJ School of Medicine and in connection with the \_\_\_\_\_ and, without any compensation or further notification or approval by me, 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 the Releasor’s image, voice, likeness and/or video footage in any form, format or media (“Releasor’s Media”), for any purpose, including but not limited to the purposes of advertising or trade or University-related activity in promoting or providing information in any manner 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 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 Releasor 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 Releasor’s Media.

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. I have read this Publicity Agreement, Acknowledgment and Release, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Participant’s Phone number/address/email address