

**Hofstra University**  
(Donald and Barbara Zucker School of Medicine at Hofstra/Northwell)

**Acknowledgement and Release**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Parent/Legal Guardian: \_\_\_\_\_

Emergency Contact/Cell Phone: \_\_\_\_\_

Address of Parent/Legal Guardian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Students are expected to abide by the guidelines of the competition, including the following:

- Use of cell phones and other electronic devices is strictly prohibited during the competition.
- Students must demonstrate respect for their colleagues and organizers of the event.
- Our lab houses specimens of human bodies that have been donated for the purpose of medical education. Participants in the Brain Bee must demonstrate respect for these donors.
- Upon acceptance of participating in the Brain Bee, you agree to the guidelines as outlined. **Noncompliance with these guidelines, including inappropriate behavior or cheating, will result in immediate dismissal from the competition.**

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 understand and agree that my child will comply with the University's rules, standards and instructions (including but not limited to the Donald and Barbara Zucker School of Medicine's Structure Laboratory Policies). 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, understand that risks are involved in this type of Program and 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 my child, 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 or my child 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 have read the foregoing before affixing my signature below, and warrant that I fully understand the contents thereof.

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Signature of Parent/Legal Guardian

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Date

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Signature of Witness

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Date

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Address of Witness

HU doc 3747  
12/2011