

**Publicity Agreement, Acknowledgment  
and Release**

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 conjunction with the Zucker School of Medicine 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, notification 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.

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 Publicity Release before affixing my signature below, and warrant that I fully understand the contents thereof.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address  
\_\_\_\_\_