

## **Liability Release Form**

### **Assumption of Risk, Release of Claims, Indemnification and Hold Harmless Agreement**

In return for being permitted to participate in the program, activity or camp ("Program") taking place on the Seton Hall University campus ("University Premises"), I voluntarily accept, understand and assume the risk of injury to my son/daughter ("Attendee") from the Program.

In return for being permitted to participate in the Program, I waive and release forever any and all rights for claims and damages I may have against Seton Hall University, its trustees, regents, officers, agents and employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature, including attorneys' fees, which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury that may be sustained by Attendee, or to any property belonging to Attendee, whether caused by negligence or carelessness on the part of Seton Hall University, its trustees, regents, officers, agents and employees, or otherwise, while Attendee is on University Premises.

I further agree to defend, indemnify and hold harmless Seton Hall University, its trustees, regents, officers, agents and employees from liability for injury, damage, loss or liability whatsoever caused by Attendee's negligence, gross negligence or intentional acts or omissions in connection with the Program or use of the University Premises.

**I have carefully read this document and understand it to release Seton Hall University, its trustees, regents, officers, agents and employees, from any claims and liability resulting from Attendee's participation in the Program and to waive all claims for damages or losses against the University. I further understand that I am obligated to indemnify the University for any liability for injury or death of any person and damage to property caused by Attendee's negligent, grossly negligent or intentional acts or omissions.**

Print Name of Attendee:

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Name of Program:

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Print Name of Parent or Guardian:

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Signature of Parent or Guardian:

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

**Media Release Form**

I give permission to Seton Hall University to use any photographs, videos and/or other recordings of my son/daughter's image or voice, as well as his/her name and any quotes or information taken from such recordings (all of which shall be referred to as a "recording"), that are made while s/he is participating or otherwise connected to any programs, activities or camps at Seton Hall University.

Seton Hall University shall have unlimited rights to use any recording for purposes related to the University.

I hereby release Seton Hall University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I and/or my son/daughter may have, and from any other claims and demands arising out of or in connection with any recordings and/or their use by the University. I understand that all such recordings, in whatever medium, shall remain the property of Seton Hall University.

I have read and fully understand the terms of this release.

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

Name of Program: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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