



PERMISSION SLIP

I, _____, wish to participate in _____

_____ [Description of Activity] on _____ [date(s)]. I understand that there may be dangers and risks associated with my participation in this Activity, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, infection of communicable diseases, sickness, illness or even death. Furthermore, I acknowledge that there may be other risks inherent in these Activities of which I may not be presently aware. I wish to participate despite such risks.

ACKNOWLEDGMENT

I, _____ understand (1) that Molloy has put in place safety rules and precautions in order to mitigate the spread of COVID-19, which rules and precautions may be updated at any time; (2) there is an inherent risk of exposure to COVID-19, which is a contagious disease, in any place where people are present, including Molloy classrooms, common areas, office space, University residence halls, and other areas where this Activity occurs; and (3) that Molloy cannot guarantee that I will not be exposed to and/or contract COVID-19 or other illnesses.

LIABILITY WAIVER

In consideration for granting this request to participate in the Activity and being fully aware of the risks involved, I (**PRINT NAME**) _____ hereby waive any and all legal rights I have or may have in the future to bring any claim or lawsuit against Molloy University, its agents, trustees, officers, officials, students or employees and authorized volunteers arising out of or in connection with my participation in the Activity.

HOLD HARMLESS AGREEMENT

I _____ (**PRINT NAME**) agree to indemnify and hold harmless Molloy University, its agents, trustees, officers, students, employees and authorized volunteers, from and against any legal actions, claims, damages, losses or expenses arising out of, in whole or in part, any activity associated with my participation in the Activity, including but not limited to claims for personal or bodily injury, disease or death, or injury to or destruction of property.

Further, I agree to indemnify Molloy University and any of its agents, public officers, officials, students, or employees and authorized volunteers for any attorney's fees and court costs incurred or to be incurred in defending any actions brought against them out of, in whole or in part, my participation in the Activity.

I have read and understand the above liability waiver and hold harmless agreement.



MEDIA RELEASE

I hereby give Molloy University and their legal representatives and assigns, the right and permission to photograph, digitally record, videotape, or audio tape, me while I am attending or participating in any program occurring on or off the Molloy University campus. I further agree that any or all of the material recorded may be used, in any form, in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways, and that such use shall be without payment of fees, royalties, special credit, or other compensation. I understand that all such recordings, in whatever medium, shall remain the property of Molloy University.

MEDICAL AUTHORIZATION / CONSENT FOR MEDICAL TREATMENT

I recognize that there may be occasions where I may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. Molloy University may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances. I hereby authorize Molloy University to make such decisions and take such actions. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

By signing below, I authorize any Molloy University employee to authorize any hospital or physician or other health care provider to bill the following insurance company or companies for the payment of any services rendered to me. I agree to assume responsibility for the charges for such care as rendered to me.

I authorize any hospital, physician, or other health care provider to release information from my medical record to the insurance company named below, in connection with the completion of any insurance claim form.

I have read, understood and agreed to the information above. All releases, authorizations and permission granted above shall remain in effect unless revoked in writing by the undersigned to Molloy University, 1000 Hempstead Avenue, Rockville Centre, New York 11570.

Name (PRINT): _____

(SIGNATURE): _____

ADDRESS: _____

CONTACT NUMBER: _____

DATE: _____



REQUIRED EMERGENCY MEDICAL INFORMATION

Health Insurance () Yes () No

Company: _____

Policy Number: _____

Primary Insured: _____

Family Physician: _____

Office Phone Number: _____