

MOLLOY COLLEGE

PERMISSION SLIP WAIVER OF LIABILITY and HOLD HARMLESS AGREEMENT

I, _____, the parent or legal guardian of _____
hereby give my permission for my child to participate in _____ [Name
of Program] on _____ [date(s)]. I understand that there may be dangers and risks
associated with my child's participation in this event, 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, In addition, I
acknowledge that there may be other risks inherent in these activities of which I may not be
presently aware. I wish for my child to participate despite such risks.

ACKNOWLEDGMENT: I _____ [PARENT/GUARDIAN NAME]
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, College residence halls,
and other College facilities; and (3) that Molloy cannot guarantee that your child 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
_____ [Name of Program] and being fully aware of
the risks involved, I _____ [PARENT/
GUARDIAN NAME] hereby waive any and all legal rights I or my child
_____ [CHILD'S NAME] have or may have in the
future to bring any claim or lawsuit against Molloy College, its agents, trustees, officers,
officials, students or employees and authorized volunteers arising out of or in connection my
child's participation in the _____ [Name of
Program].

HOLD HARMLESS AGREEMENT: I _____
[PARENT/GUARDIAN NAME] agree to indemnify and hold harmless Molloy College, 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 child's participation in the _____
[Name of Program], 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 College and any of its agents, public officers, officials, students, or employees and authorized visitors 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 child's participation in _____ [Name of Program].

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

The undersigned acknowledges and assumes full responsibility for:

- a. Its own personal equipment during use and while stored on Molloy College's Campus and
- b. Use of campus property

MEDIA RELEASE

I hereby give Molloy College and their legal representatives and assigns, the right and permission to photograph, digitally record, videotape, or audio tape, my above named child while s/he is attending participating in any program occurring on or off the Molloy College 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 College.

MEDICAL AUTHORIZATION / CONSENT FOR MEDICAL TREATMENT OF A MINOR

I recognize that there may be occasions where the minor child named above, 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. Therefore, I authorize any Molloy College staff member, in whose care the minor child has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor by the medical staff of a licensed hospital. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

As parent or legal guardian of my minor child _____ **[PRINT CHILD'S NAME]**, I am responsible for the health care decisions of my minor child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for dental, medical, and/or hospital care or treatment to be rendered to my minor child is legally sufficient and that no consent from any other person is required.

By signing below I authorize any Molloy College employee, in whose care the minor child has been entrusted 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 the minor child. I agree to assume responsibility for the charges for such care as rendered to the above named minor child.

I authorize any hospital, physician, or other health care provider to release information from the minor child's 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 College, 1000 Hempstead Avenue, Rockville Centre, New York 11570.

Name of Parent or Guardian (PRINT): _____

(SIGNATURE): _____

ADDRESS: _____

CONTACT NUMBER: _____

DATE: _____

REQUIRED EMERGENCY MEDICAL INFORMATION

Health Insurance () Yes () No

Company: _____

Policy Number: _____

Primary Insured: _____

Family Physician: _____

Office Phone Number: _____