



Office of Summer and Precollege Programs
1 Pace Plaza
NY, NY 10038
Precollegeprogram@pace.edu

Precollege Immersion Program GENERAL CONSENT, WAIVER AND RELEASE

I, _____, hereby state my desire to participate in the Precollege Immersion Program ("Youth Program"), and all its activities, held at Pace University or offsite as part of any program field trips ("Pace" or "the University") from July 14th to July 27th, 2024. My participation in this Youth Program is completely voluntary and not required by the University. In consideration for being permitted to participate in the Youth Program, I agree to the following:

To comply with all applicable Pace University rules and regulations, including, but not limited to, the University's [Student Code of Conduct](#) during and in connection with my participation in the Youth Program. I understand that my noncompliance any University rule or regulation may result in removal without refund from the Youth Program, in addition to any other action(s) outlined in the [Student Code of Conduct](#) policy, and I agree to act responsibly and appropriately at all times.

I also agree to conform to all applicable policies, rules, regulations, and standards of conduct of any entity providing facilities, goods, and services to the Youth Program. I understand that the faculty and/or staff member(s) conducting and/or accompanying me to the Youth Program have the designated authority to remove a student from participation in the Youth Program in accordance with this provision. If I require an accommodation due to a disability and/or religious observances to fully participate in the Youth Program, I will follow (or have already followed) the proper procedures for assessment and approval of such accommodation by the necessary university parties as reasonable. Such approval of accommodations must be granted prior to participation in the Youth Program.

I authorize the University, and its employees, agents, and representatives, to act in any attempt to safeguard and preserve my health and/or safety during my participation in the Youth Program, including authorizing emergency medical treatment on my behalf and at my expense. I permanently and irrevocably agree for myself, my heirs, and my personal representatives to hold harmless, and forever release and discharge Pace and all its trustees, officers, agents, and employees (the "Released Parties") from and against any and all claims, demands, actions, or causes of action ("Claims") on account of damage or injury to personal property, personal injury, or death, arising from my participation in the Youth Program, and/or all the activities held by or on behalf of the Youth Program. I acknowledge that the opportunity to participate in the Program is good and valuable consideration for this release.

I further understand and agree that by signing this Participant Release and Waiver, I am releasing, discharging and agreeing to hold harmless Releasees from any and all liabilities, claims, demands or causes of action which hereinafter may accrue against them and which in any way arise as a result of my participation in the Program (including, but not limited to, personal or property loss, damage or injury), whether or not caused by the negligence or other acts or omissions of Releasees.

I acknowledge that I am competent to read and sign this General Consent, Waiver, and Release; that I have read this entire document and understand its terms; and that I understand that I am permanently and irrevocably releasing legal rights. I also understand that I may have an attorney review this release before it is signed. This General Consent, Waiver, and Release shall be construed in accordance with, and governed by, the laws of the State of New York, without reference to any choice of law provisions or rules. Any litigation relating to this General Consent, Waiver, and Release or to the Youth Program shall be conducted in a court of appropriate jurisdiction in the Borough of Manhattan, City of New York.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____



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Photograph/Film Consent and Release

Participant (print full name): _____

I acknowledge that the opportunity to participate in the Program is good and valuable consideration for this release. I hereby grant to the University and its officers, agents, directors, trustees, employees, affiliates, licensees, successors and assigns (the "Releasees"), the irrevocable, perpetual right and license to film, videotape, live stream over the internet, photograph, audio record, or otherwise record and fix my voice and likeness (such documentation collectively referred to as the "Videotape") and to use, edit, publish, distribute and otherwise use the Videotape, in whole or in part, in any manner or media now known or hereafter developed, and the right to use my name, likeness, voice, professional biography and image in connection with the foregoing. I acknowledge that I shall receive no additional compensation for the above. My participation in the Program may include literary, artistic or other copyrighted material that I have created, and I hereby consent to the use thereof in the Videotape. I acknowledge that I shall receive no additional compensation for this use. I irrevocably release the Releasees from any claims I may have, now or in the future, arising from any use of the Videotape or any use of my name or image. Nothing contained herein shall be deemed to obligate Releasees to use any or all of the Videotape. I understand that the above provisions of this release are legally binding.

Please check one:

I consent

I do not consent

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____