SUNY Cobleskill

RELEASE AGREEMENT

I understand that a photograph, video recording, audio recording, or other electronic or digital method of recording my likeness taken of me by SUNY Cobleskill (hereinafter the College), its employees or agents may be used by the College for advertisement, publicity, or information distribution.

I hereby irrevocably authorize the college to copy, publish, exhibit or distribute in any legal manner, any and all images, videos, audio recordings and electronic or digital recordings in which my likeness appears. I further waive any right to inspect or approve any advertisement, publication or information piece in which my likeness appears. I hold the College harmless and release and discharge the College, its employees and agents, from any claims, demands, or causes of action which I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature _____ Print Name _____

Date _____ Email _____

Address _____ Phone Number _____

City _____ State _____ Zip

Student ID Number _____

If the person signing above is under 18 years old, the consent of a parent or guardian is required.

I, _____, certify that I am the parent or guardian of the minor Signing above and consent without reservations to the release agreement signed by him or her.

Parent/Guardian _____ Print Name _____

Date _____ Address _____

Phone Number _____ Email _____

PLEASE RETURN TO:

SUNY Cobleskill
Office of Communications and Marketing
Knapp Hall 222
Cobleskill, NY 12043 (518) 255-5631

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