

SUNY Cortland 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 the State University of New York at Cortland (hereinafter the university), its employees or agents may be used by the university for advertisement, publicity or information distribution.

I hereby irrevocably authorize the university 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 university harmless and release and discharge the university, 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

Address

Phone Number or Email

City, State, Zip

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 Signature

Print Name

Date

Address

Phone Number or Email

City, State, Zip

FOR OFFICE USE ONLY

Faculty/Staff

Alumni/Guest

Under 18