## CONSENT AND RELEASE FORM

(Image and Voice)

I hereby authorize The City University of New York and those acting pursuant to its authority (collectively, "CUNY") to:

- (1) Record my image, likeness, and/or voice on a photographic, video, audio, digital, electronic, or any other medium;
- (2) Use, reproduce, modify, exhibit and/or distribute any such recording, in whole or in part, in any manner or medium now known or hereafter developed (including without limitation, print publications, DVDs, internet, CUNY-TV) for any purpose that CUNY may deem appropriate, including without limitation promotional or advertising efforts: and
- (3) Use my name and biographical material in connection with any such recordings or uses.

I hereby waive the right to inspect or approve any such recordings and uses. I understand that CUNY will be the owner of all such recordings and uses.

I hereby release and hold harmless CUNY from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses. I have read and fully understand the terms of this consent and release.

Date	Signature
	Printed Name
	Address
	Phone
PARENTAL/GUARDIAN CONSENT FOR INDI- parent/guardian of the individual who signed the al- child's image, likeness, voice and name on the term	pove consent and give consent to use of my
Signature	
Printed Name	Date