

## Baruch College Consent and Release for Use of Likeness

**Program Title:** \_\_\_\_\_

**Client/Department:** \_\_\_\_\_

1. I am age 18 or older, or if I am under the age of 18, my legal guardian or parent will review this form and act on my behalf.
2. In consideration of my interest in furthering the educational purposes of Baruch College (“the College”) and the City University of New York (“CUNY”), I hereby consent to any recordings of myself (including image and voice) on videotape, film, audio tape, paper, digital medium or otherwise by Baruch College and CUNY, their agents, servants or employees. I authorize the use of such recordings and the use of my name, likeness, and biography for any educational or commercial purposes by the College and CUNY, their agents, servants or employees for a period of time as the College and CUNY sees fit. Such educational and commercial purposes include, but are not limited to distribution, promotion, exhibition, marketing, and publicity in any forum, including print, television, film, and websites.
3. I waive the right to inspect or approve of any of the recordings and understand that Baruch College and CUNY will be the exclusive owner of such recordings.
4. I release and hold harmless Baruch College and CUNY from liability for any and all claims by me or any third party in connection with the use of any recordings, my name, likeness, and biography as stated herein, including, but not limited to claims of invasion of privacy, rights of publicity, or other civil rights, or for any other reason in connection with the rights granted by me.

I certify that I have read and fully understand the terms of this consent and release.

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*(Signature of legal guardian or parent required if under the age of 18.)*

**Company/Firm:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_