



PHOTO AND VIDEO 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/given by me to SUNY Cobleskill Ag & Tech (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

Phone Number

Email

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 reservation to the release agreement signed by them.

Signature

Print Name

Date

Phone Number

Email

PLEASE RETURN TO:

SUNY Cobleskill Ag & Tech
Office of Communications
106 Suffolk Circle, Knapp Hall 200
Cobleskill, NY 12043