

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Ithaca College (College), and those acting pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic, or any other medium (recordings).
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium these recordings for any purpose that the College, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the College and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I waive any rights, claims, or interests I have to control the use of my identity or likeness in these recordings, and agree that any uses described herein may be made without compensation or additional consideration of me. I understand that all such recordings, in whatever medium, shall remain the property of the College. I have read and fully understand the terms of this release.

Name: _____

Address: _____
Street

City

State

Zip

Phone: _____

Signature: _____ Date: _____

Parent/Guardian
Signature (if under 18): _____ Date: _____