

Syracuse University

CONSENT & RELEASE

Event or Marketing Campaign ("Permitted Use"):
Date Taken:

By signing below, I:

- give Syracuse University and anyone acting on its behalf (the "University") permission to take, edit and use any audio/video recordings or photographs of me, and use those photographs and recordings, together with my name, biographical information or any testimonials, quotes or other statements I give, for any promotional, recruiting, fundraising, public relations or media-related purposes *related to the event or campaign listed above* (each, a "Permitted Use"). This includes, without limitation, in television, digital, radio and print advertising, internal and external publications, videos, admissions and fundraising materials, social media posts, and University and non-University websites.
- waive any right to compensation and any right to review and approve any Permitted Use;
- release the University and its trustees, officers, directors, employees, agents from all claims and liabilities arising out of any Permitted Use **or my participation in the photo/video/audio shoot**, including without limitation claims related to (a) rights of privacy or publicity, (b) **bodily injury or death (unless caused by their negligence or willful misconduct)**, or (c) **damage to or loss of personal property**; and
- agree that this Consent & Release is signed voluntarily by me and is binding on me and my heirs/estate.

Signature:

Date:

Print Full Name:

D.O.B.:

Phone #:

***** If under the age of 18, a parent or legal guardian must also sign below *****

Guardian's Signature:

Date:

Print Full Name:

Relationship
to Minor:

Phone #: