



**SUNY Oneonta and College Assistance Migrant Programs 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 the SUNY Oneonta and CAMP, its employees, or agents may be used by AOP for advertisement, publicity, or information distribution.

I hereby irrevocably authorize CAMP 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 SUNY Oneonta and CAMP harmless and release and discharge SUNY Oneonta and CAMP, 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number or Email

\_\_\_\_\_  
City, State, Zip

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 theminor signing above and consent without reservation to the release agreement signed by him/her.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number or Email

\_\_\_\_\_  
City, State, Zip