



General Release Form for Use of Photograph and Video

I hereby grant the Borough of Manhattan Community College and The City University of New York (CUNY) permission to use my name, the name of the educational program in which I am enrolled, and my photograph, video or any recording of me taken on _____ for any purpose that CUNY may deem appropriate, including without limitation educational uses, promotion and publicity of CUNY and its programs and activities, in perpetuity in in-house publications as well as in all other media, whether now known or later developed. I waive any right to inspect and approve such use.

I agree to hold harmless CUNY from any liability that may arise from such use of my name, educational program and/or likeness.

I am at least 18 years old.

Signature

Name (print)

Email Address

Phone Number

Date

If under the age of 18:

I, parent or legal guardian of _____ consent to the terms above.

Signature

Name (print)

Date

----- (office use only)

Project Name: _____