

CONSENT AND RELEASE FORM (General Media)

Event:	_
Date:	
Place:	
I am a participant in the above Event. I understand that of New York and those acting pursuant to its authority (the Event will be recorded. I hereby authorize The City University (collectively, "CUNY") to:
(I) Photograph, videotape, audiotape, transcribe or other	erwise record, in any medium, my participation in the Event;
(2) Use, modify, reproduce, publish, exhibit and/or distribute any and all such recordings, in whole or in part, in any manner or medium now known or hereafter developed (including without limitation, the classroom, print publications, webcasts, podcasts, television, and websites), an unlimited number of times in perpetuity throughout the world, for any purpose that CUNY may deem appropriate, including without limitation educational and promotional uses; and (3) Use or license others to use my name, image and biographical material in connection with any such recordings or uses, but not as an endorsement of any product or service.	
I hereby release and hold harmless CUNY from liability as authorized by this consent and release.	for any and all claims by me in connection with CUNY's activities
I am age 18 or older, or if I am under the age of 18, my p	parent or legal guardian will review this form and act on my behalf.
I have read and fully understand the terms of this consent and release.	
Date	Printed Name
Email	Cell Phone
CUNYfirst ID	Signature
	(Signature of parent or legal guardian required if under age 18)

