

**STATE UNIVERSITY OF NEW YORK AT STONY BROOK
CONSENT AND 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 State University of New York at Stony Brook and/or Stony Brook University Hospital (hereinafter the "University"), its employees or agents may be used by the University for advertisement, publicity or information distribution.

I hereby irrevocably authorize the University 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 agree that the University is the exclusive owner of all copyright and other rights in such photographs, recordings or videotapes and it may use and license such photographs, recordings or videotapes in any manner and in any media now known or hereafter discovered or developed.

I hold the University harmless and release and discharge the University, 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.

Photography Assignment & Photographer: _____

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 the minor signing above and consent without reservations to the release agreement signed by him or her.

SIGNATURE PRINT NAME

DATE ADDRESS

PHONE NUMBER OR EMAIL CITY, STATE, ZIP

PLEASE RETURN SIGNED RELEASE FORM TO:

Stony Brook University/SUNY
173 Administration Bldg.
Stony Brook, NY 11794-0605
Attn: John Griffin, Office of University Communications
Tel: (631) 632-6394 Fax: (631) 632-9363
John.D.Griffin@stonybrook.edu