Last Name, First Name, M. Initial HCHS Graduation Yr

Hunter College Campus Schools

STUDENT AUDIO/VISUAL CONSENT AND RELEASE FORM

I, _____ , the parent or legal guardian of

_____, a minor under the age of 18 years,

Print child's name: first, middle, last

hereby authorize the Hunter College Campus Schools ("HCCS"), Hunter College of The City University of New York ("Hunter") and The City University of New York ("CUNY"), and those acting pursuant to their authority, to make use of my child's appearance, as follows:

1. To photograph my child;

2. To record my child's voice, conversation and sounds; and

3. To edit, use, reproduce, exhibit and distribute these photographs and recordings, in whole or in part, in any manner and media now known or hereinafter invented, including, but not limited to, print publications and the HCCS websites, an unlimited number of times in perpetuity throughout the world, in support of or to promote HCCS's, Hunter's and CUNY's educational programs and mission, and for archival purposes.

I understand that HCCS will not release the name of my child in connection with any of the photographs or recordings without requesting and obtaining a separate authorization for each case in which my child's name would be used.

I hereby waive the right to inspect or approve any of the photographs or recordings. I understand that all such photographs and recordings shall remain the property of HCCS, Hunter and/or CUNY

I hereby release and hold harmless HCCS, Hunter and CUNY and those acting pursuant to their authority from liability for any claims by me or any third party for the actions of HCCS, Hunter and/or CUNY in reliance of this consent and release.

I have read and fully understand the terms of this consent and release.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Address

City State