



STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA CLASS PROMOTION AGREEMENT

The State University of New York College at Oneonta (hereinafter "SUNY Oneonta") would like to promote your participation in the following class(es):

Such promotion may include, but not be limited to, stating that you participated in this class and sharing details about your participation in this class, such as your attendance on field trips, site visits, or other tasks or experiences undertaken as part of this/these class(es). **Such promotion will not include any publication of your grade or evaluation from this/these class(es).**

Since not all students want to publicly share information about their academic experiences, SUNY Oneonta requests permission to share your story. Please sign and date in the area below to confirm that you grant permission for the college to publicize your participation in the above named class(es).

Check one: ☐ I am 18 years old or older. ☐ I am less than 18 years old.

A parent/legal guardian must also sign this form (see below) if you are less than 18 years old.

I hereby irrevocably authorize SUNY Oneonta to copy, publish, exhibit or distribute in any legal manner, any information regarding my participation in the above named class(es), other than information regarding my grade or evaluation in this/these class(es) (hereinafter collectively known as "information"), at its sole discretion, in connection with its activities or for any other lawful educational, promotional, or commercial purposes, and further the right to the use of my full name, preferred name, and biographical material in connection with any such Information.

I hereby waive the right to inspect or approve the use of any such Information. I understand and agree that I will receive no compensation, now or in the future, in connection with the use of such Information.

I hereby release and forever discharge SUNY Oneonta, its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind that may arise from the use of the Information as provided herein, including, but not limited to all claims for libel and invasion of privacy.

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

Signature

Print Name

Date

Address

Phone Number or Email

City, State, Zip

Approval of Parent/Legal Guardian (for students less than 18 years old)

I represent that I am the parent/legal guardian of the student who has signed the above release and that I hereby authorize and consent to the use of the Information as set forth in the foregoing consent and release and otherwise agree to its terms.

Signature

Print Name

Date



STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA 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 College at Oneonta (hereinafter "SUNY Oneonta"), its employees or agents may be used by SUNY Oneonta for advertisement, publicity, or information distribution.

I hereby irrevocably authorize SUNY Oneonta 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 harmless and release and discharge SUNY Oneonta, 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 the minor 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