



Consent and Release Form

Student Name:	EMPLID:
Student Signature:	Date:
SL Course and Semester:	SL Course Instructor:

Service-Learning Event/Project: _____

Community Partner: _____

Date(s): _____

I am a participant in the above SL event and/or project. I understand that the SL event/project will be recorded. I hereby authorize Kingsborough Community College (“KCC”) and The City University of New York (“CUNY”) the authority to:

1. Photograph, videotape, audiotape, transcribe or otherwise record, in any medium, my participation in the service-learning event/project;
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 purposes 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 endorsement of any product or service.

I hereby waive the right to inspect or approve any such recordings and uses. I understand that CUNY and KCC will be the owners of all rights in and such recordings and uses, subject to the restrictions described in this content and release and retains the right to use the recordings as described above.

I hereby release and hold harmless CUNY and KCC from liability for all claims by me in connection with the activities as authorized by this consent and release.

I am 18 or older, or if I am under 18, my 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.

Student Name (Print)

Date



Signature (*Signature of Parent or Legal Guardian required if under 18*)