



MarymountManhattan

## MEDIA RELEASE FORM – PHOTOGRAPHS AND/OR VIDEO

Office of College Relations & Advancement  
Marymount Manhattan College  
221 East 71<sup>st</sup> Street  
New York, NY 10021

Stephanie Policastro  
Director of Communications  
[spolicastro@mmm.edu](mailto:spolicastro@mmm.edu)  
212-517-0658

I hereby grant Marymount Manhattan College, hereinafter referred to as “The College,” the absolute and irrevocable right and permission, in respect of the photographs and/or video taken of me alone or with others, to use, re-use, publish, and re-publish the same in whole or in part, individually or in conjunction with other photographs or video, and in conjunction with any printed matter, or electronic matter, in any and all media now or hereafter known, and for any purpose whatsoever; and to use my name in conjunction therewith if the College so chooses.

I hereby release and discharge the College from any and all claims and demands arising out of or in connection with the use of the photographs or video, including without limitation any and all claims for libel or invasion of privacy.

This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of the College.

I am of full age (18) and have the right to contract in my own name. If I am not yet 18 years of age, a parent or guardian has authorized my signature. I have read the foregoing and fully understand the contents thereof. The release shall be binding upon me and my heirs, legal representatives, and assigns.

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Name (signature): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Witness Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Name (signature): \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Name (signature): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_