



# KEAN

Office of **University Relations**

## Media Release Form

I, \_\_\_\_\_, hereby consent to and authorize Kean University, its officers, agents and employees to:

- a) Record my likeness and voice on a video, audio, photographic, digital, electronic, print or any other medium. This includes self-recorded media that I submit to the University.
- b) Use my name in connection with these recordings.
- c) Use, reproduce, exhibit or distribute in any medium (e.g. print or web publications, video productions, news releases) these recordings for any purpose that Kean University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release Kean University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Kean University. I waive the right to inspect or approve the finished product wherein my likeness appears.

I acknowledge that my consent to the above conditions is fully voluntary, given without coercion or duress. I further acknowledge that I am 18 years of age or older and have read and fully understood the terms of this release. I understand that no monetary consideration is being paid to me for my appearance, likeness, statements or recordings.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone/Email*

\_\_\_\_\_  
*Major/Est. Graduation Year*

### Minor Release

I hereby certify that I am the **parent or guardian** of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
*Parent/Guardian Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*