



ST. JOHN'S UNIVERSITY

CONSENT AND RELEASE FOR USE OF LIKENESS

I am over the age of 18 and hereby consent to the use of my written or spoken words and/or the use of my photograph(s) and/or image(s) (collectively, the "Images") by St. John's University and/or its duly authorized agents (collectively, "St. John's"), and hereby authorize St. John's to use or exhibit this material for educational, advertising, recruiting, development, art or artistic purposes within any or all forms of print and/or electronic media without compensation.

Signature: _____

Name: _____

Date: _____

Required for Participants Under the Age of 18

If the participant is under 18 years of age, this section must be completed and signed by a parent or legal guardian.

Parent/Guardian Name: _____

Signature: _____

Address: _____

Date: _____

Child's Name: _____