



ST. JOHN'S UNIVERSITY

PHOTO RELEASE

I, the undersigned, hereby consent to having my child be the subject of photographs and hereby authorize St. John's University, New York to use or exhibit the photographs for educational, advertising, recruiting, art or artistic purposes as still photographs, motion pictures, television, video or other similar media without compensation to me or my child.

I also hereby release St. John's University, New York, its trustees, officers, employees, and agents from any and all claims, damages, costs, and expenses, including but not limited to those arising for libel, slander, invasion of privacy and other claims arising from the use of the above described materials.

Parent/Guardian: _____

Signature: _____

Address: _____

Date: _____

Child's Name: _____