

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize New York StateWide Senior Action Council (NYSSAC), NYS Senior Medicare Patrol (SMP) and those acting in pursuant to its authority to:

(a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium. (b) Use my name in connection with these recordings. (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video, Internet, Website, social media) these recordings for any purpose that the NYSSAC, NYS SMP, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release NYSSAC, NYS SMP 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 NYSSAC and NYS SMP. I have read and fully understand the terms of this release.

Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

