ACKNOWLEDGEMENT/RELEASE SIGNATURE – SUBMIT THIS PAGE ONLY. KEEP THE TOP PORTION FOR YOUR RECORDS.

I agree that the terms of this *Agreement/Release Form* are to be construed under the laws of the State of New York, and that if any portion thereof is held invalid, the balance thereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this *Agreement/Release Form* and terms of participation.

SIGNATURE: _____ DATE: _____

FULL NAME (printed): _____

PARENT or GUARDIAN'S SIGNATURE (if under age 18) _____

Photo Release Waiver

I give permission for photographs of me and statements by me to be used in publicity materials.

I give my consent for *SUNY*, the host institution I attend, and agencies, organizations, and individuals cooperating with *SUNY* in the administration of the Program to use images of me or written statements from me in promotional and informational materials. I hereby irrevocably authorize *SUNY* to copy, publish, exhibit, or distribute in any legal manner all images, videos, audio recordings and electronic or digital recordings in which my likeness appears. I further waive any right to inspect or approve any advertisement, publication, or information piece in which my likeness appears. I hold *SUNY* harmless and release and discharge *SUNY*, its employees and agents, from any claims, demands, or causes of action which I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

SIGNATURE: _____DATE: _____

FULL NAME (printed): _____

PARENT or GUARDIAN'S SIGNATURE (if under age 18)

_____DATE: _____

Release of Information

In accordance with the provisions of the federal Family Educational Rights and Privacy Act of 1974 ("FERPA"), in connection with my participation in the Program indicated above, I hereby authorize all relevant offices, officers, agents, and employees of the State University of New York, the host institution, Program provider(s), as well as representatives of my insurance providers ("Organizations") to communicate with each other and with my parents, guardian(s) or Emergency Contacts and exchange any of my academic or financial information deemed

appropriate to ensure the safe and efficient management of the Program and my participation in it.

For violations or alleged violations of a conduct code of any Organization, I hereby authorize all offices, officers, agents, and employees of the Organizations, as well as the home institutions of other students on the Program or on related Programs alleged to be involved in the conduct violation or alleged conduct violation either as an accused/respondent or as a victim/reporting individual to communicate with each other and with my parents, guardian(s) or Emergency Contacts and exchange any information related to my participation in the Program deemed appropriate to ensure the safe and efficient management of the Program.

I understand that copies of the academic records submitted as part of my application or acceptance procedures may be provided to the Program staff in the host country or the host institution that I will attend and, though we request that all records be kept in the strictest confidence, once sent, these records will be subject to the laws of the country where they reside. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release.

SIGNATURE: _____ DATE: _____

FULL NAME (printed): _____

PARENT or GUARDIAN'S SIGNATURE (if under age 18)

_____ DATE: _____