**Instructional Lecture Capture Release Form**

RELEASE FOR CAPTURING OR LIVE TRANSMISSION OF IMAGE AND AUDIO

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| Participant’s Name: | Instructor’s Name: |
| Program/Course: | Date/Semester: |

During the course of this semester your face-to-face/blended/online course class discussions and general interactions may be recorded for academic purposes by your instructor. Academic purposes include any activity meant to support the instruction of the course or advance academic research. If your instructor decides to record the session, your voice, image, documents presented in class, and/or discussions may be recorded. If you do not consent to the recording, discuss your concerns with the instructor prior to the start of the recording. By signing this document, you are consenting to such recordings or live transmission.

I acknowledge that I am over the age of eighteen, and that I am voluntarily participating in the **classroom lecture capture** by Towson University (TU).

I agree that my participation in the **instructional lecture capture** confers upon me no rights of ownership whatsoever. I authorize TU, its affiliates, employees and assignees, to use for academic purposes and without restrictions, all materials produced pursuant to my participation, including but not limited to any photograph or recorded image of either me or property belonging to me, any recording of my voice or statements made by me and any use of my name during the process of such recordings, in whole or in part, without inspection or further consent or approval by me or by my parent or guardian (if applicable) of the finished product or any use which may be made of it. I further agree that Towson University may duplicate, edit, broadcast and/or distribute these recordings without limitation, through any means whatsoever for academic purposes.

In consideration for being allowed to participate in this classroom lecture capture, I hereby release TU, its agents, employees, officers, directors and assignees, from liability for any claims by me or by any third party on my behalf in connection with the aforementioned uses and/or my participation in the above-named program/course. This voluntary grant and release will not be made the basis of any future claim of any kind against TU, the University System of Maryland, or the State of Maryland.

I confirm that any and all material furnished by me for this program/course is either my own or otherwise authorized for such use without obligation to me or to any third party.

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| Participant Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| Date: | |  | |
| Street Address: | | | |
| City: | State: | | Zip: |

Parent or Guardian Consent: I, as (parent or legal guardian) of the person named above, do hereby consent to the above.

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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |