



## PERMISSION STATEMENT FOR VIDEO OR AUDIO RECORDING OF STUDENTS OR EMPLOYEES OF HAMILTON COLLEGE

**FACULTY/GROUP LEADER:** In order for Audiovisual Services to record classes or group events you and all of the class members or presenters/performers will need to sign this agreement. Use multiple pages if necessary. All members must sign this form in order for us to distribute the recorded footage. Please return a copy of the completed form to LITS/AV Services in advance of your first event. This form is to be used only when all participants are faculty, staff or students of Hamilton College.

**Faculty member/Group Leader:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Dept. and course number/name of event:** \_\_\_\_\_

**This recording will be streamed or posted online (please circle one):** Yes    No

**AGREEMENT:** By signing this form, you are agreeing to be recorded and have that recording shared via Google Drive to members of the Hamilton College Community upon request (statement A), and you are also agreeing to statement B (copyright) and statement C (liability):

A) I give permission for my participation in class/group events to be recorded and for the recording to be used for academic purposes at Hamilton College. This may include a DVD copy for the College Library collection and sharing via Drive requested by individuals affiliated with the College. B) I warrant that I am the copyright owner of the material used in my presentation or it is not protected by copyright. If the material is copyrighted by someone other than me, I am using it within the fair-use guidelines or I have obtained permission or appropriate licenses from the copyright owner. C) I fully and irrevocably release and hold harmless Hamilton College and its agents from all liability, loss, claims, demands, and actions arising out of the use of the recordings of my image, voice, musical or dramatic performance, for non-commercial purposes.

**PRINT NAME**

**SIGNATURE**

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**PERMISSION FOR VIDEO OR AUDIO RECORDING** (additional page)

**PRINT NAME**

**SIGNATURE**

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